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(Requ	estor's Name)	
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(City/s	State/Zip/Phon	e #)
. PICK-UP	☐ WAIT	MAIL
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(Docu	ıment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

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EXAMINER



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TALLAHASSEE, FLORID

COVER LETTER ** ** **

TO:	Registration and Division of C		•	
	RotoHu	ıb, LLC		
SUBJ	ECT:	Name of Limit	ed Liability Company	- Service
The er	nclosed Articles o	of Organization and fee(s) are	submitted for filing.	- 26 A 3.28
Please	return all corres	pondence concerning this mat	er to the following:	
	Luca Espos	ito		15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Name of Person	The second
	N/A			y
	· · · · · · · · · · · · · · · · · · ·	·····	Firm/Company	
	3664 N Gold	denrod Rd. Apt. 101		
			Address	
	Winter Park	, FL, 32792		
	lesposito88		y/State and Zip Code	
		E-mail address: (to be used	or future annual report notification)	
For fu	rther information	concerning this matter, please	call:	
Luca	Esposito		727 459-7302	
	Name	of Person	_at ()Area Code & Daytime Telephone Number	_
Enclo	sed is a check f	or the following amount:		
1 \$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
RotoHub, LLC	Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Continany is
Principal Office Address:	Mailing Address:
3664 N Goldenrod Rd. Apt. 101 Winter Park, FL 32792	3664 N Goldenrod Rd. Apt. 101 Winter Park, FL 32792
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t Luca Esposito	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: ame
3664 N Goldenrod Rd	J. Apt. 101
Winter Park, FL 32792	FL
City	y, State, and Zip
liability company at the place designated registered agent and agree to act in this ca all statutes relating to the proper and com	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as spacity. I further agree to comply with the provisions of aplete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

III (CDII - Managan	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	per
MGRM	Luca Esposito
4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	3664 N Goldenrod Rd. Apt. 101
	Winter Park, FL 32792
MGRM	Joshua Cittadino
	4024 Maguire Blvd. Apt. 1308
	Orlando, FL 32803
MGRM	Marcus Rodriguez
	4024 Maguire Blvd. Apt. 1308
	Orlando, FL 32803
effective date is listed, the da	than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business of
CLE V: Effective date, if other effective date is listed, the da	than the date of filing: (OPTIONAL) Ite must be specific and cannot be more than five business d
CLE V: Effective date, if other effective date is listed, the da	than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business of filing.)
CLE V: Effective date, if other effective date is listed, the date or 90 days after the date of the date.	than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business of filing.)
CLE V: Effective date, if other effective date is listed, the date or 90 days after the date of in the effective date of formula of the effective date.	than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business of filing.)
CLE V: Effective date, if other effective date is listed, the date or 90 days after the date of the REQUIRED SIGNATURE:	than the date of filing: (OPTIONAL) Ite must be specific and cannot be more than five business of filing.)

Luca Esposito

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.)