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K.SALY EXAMINER FEB 27 2013

COVER LETTER

TO: Registration 3 Division of C		
SUBJECT: ROV	er Labs, LLC	
SUBJECT:		ed Liability Company
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.
Please return all corres	pondence concerning this matte	er to the following:
Gregor	y E. Matton	
		Name of Person
Rover I	_abs, LLC	
		Firm/Company
1215 E	. 6th Avenue	
5		Address
Tampa	, FL 33605	
		y/State and Zip Code
gregmatic	on@roverink.com E-mail address: (to be used for	or future annual report notification)
For further information	concerning this matter, please	call:
Gregory E	. Matton	at (813 421-6513 Area Code & Daytime Telephone Number
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check to	for the following amount:	
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 Compa	any is:
Rover Labs, LLC	
	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	f the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
1215 E. 6th Avenue	1215 E. 6th Avenue
Tampa, FL 33647	Tampa, FL 33647
The name and the Florida street address of Gregory E. Matton	of the registered agent are:
	Name
1215 E. 6th Avenue	
Florida s	treet address (P.O. Box NOT acceptable)
Tampa	FL 33605
	City, State, and Zip
liability company at the place designaregistered agent and agree to act in this all statutes relating to the proper and c	and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions complete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.
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(CONTINUED)

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

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

MGR	Gregory E. Matton	
	1215 E. 6th Avenue	
	Tampa, FL 33605	
		
(Use attachment if necessary)		
	the date of filing: 02/22/2013	(OPTIO

REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gregory E. Matton

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)