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SECRETARY OF STATE
TANDANSSEE, FLORIDA

(850) 245-6051.

COVERLETTER
TO: Registration Section Division of Corporations
SUBJECT: RO JO 912 LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Raymond A Giardina
Name of Person

Firm/Company
2600 Bellingham Ct
Address
Cape Coral Fl. 33991
City/State and Zip Code
kumba7777@aol.com E-mail address: (to be used for future annual report notification)
•
For further information concerning this matter, please call:
Raymond A Giardina _{at} 239 574-5792
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee,

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street/Courier Address

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	l Liability Compan	y is:		
RO JO 912 LLC	with the words "Limited	Liability Compar	v. "L.L.C" or "LLC")	
ARTICLE II - Address The mailing address and	s:			Liability Company is:
Principal Office Addre	<u>::ss:</u>	<u>Mailir</u>	g Address:	
2600 Bellingham Ct		2600 B	ellingham Ct	
Cape Coral, Fl. 33991		Cape C	oral, Fl. 33991	
				
ARTICLE III - Registe (The Limited Liability Company business entity with an active F The name and the Florid Anne	cannot serve as its own l Florida registration.)	Registered Agent	You must designate an ind	
	N	lame		ASS 2
1633 South East 47th Terrace				
 /	Florida street address (P.O. Box NOT acceptable)		ST.	
Cap	e Coral,	肚	33904	RED.
	Cit	ty, State, and Zi	p	D •••
Having been named as liability company at a registered agent and a all statutes relating to and accept the obligati	the place designated gree to act in this co the proper and con	d in this certif apacity. I fur applete perform as registered	icate, I hereby accept ther agree to comply nance of my duties, a agent as provided for	t the appointment as with the provisions of nd I am familiar with

(CONTINUED)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Raymond A Giardina
	2600 Bellingham Ct
	Cape Coral Fl. 33991
MGRM	Gary J Glardina
	3723 SW 19th Pl
	Cape Coral Fl. 33914
(Use attachment if necessary) CLE V: Effective date, if other than effective date is listed, the date m	the date of filing: 08/16/13 (OPTIONAL ust be specific and cannot be more than five business
CLE V: Effective date, if other than	ust be specific and cannot be more than five business
CLE V: Effective date, if other than effective date is listed, the date m	ust be specific and cannot be more than five business
CLE V: Effective date, if other than effective date is listed, the date me or 90 days after the date of filing REQUIRED SIGNATURE:	ust be specific and cannot be more than five business.)
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