

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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Office Use Only



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SECRETARY OF STATE

K.SALY EXAMINER MAR 1 0 2014 THE PORT OF THE PARTY OF THE PA



February 25, 2014

SANDY ROA / ROANET LLC 800 BELLE TERRE PKWY SUITE 200 #211 PALM COAST, FL 32164

SUBJECT: ROANET LLC Ref. Number: W14000012239

We have received your document for ROANET LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 514A00004164

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| Division of C | orporations | | | | |
|--|---|-------------------------------------|---------|--|--|
| SUBJECT: RoaN | et LLC | | | | |
| | | f Resulting Florida | Limited | d Company) | |
| | - | _ | | and fees are submitted to co coordance with s. 605.1045, | |
| Please return all corre | spondence concerning | this matter to: | | | |
| Sandy D. Roa | | | | | |
| | (Contact Person) | | | | |
| RoaNet LLC | | | | | |
| | (Firm/Company) | | | | |
| 800 Belle Terre | Pkwy Ste. 200 # | <i>‡</i> 211 | | | |
| | (Address) | | | | |
| Palm Coast, FI | | | | | |
| · | City, State and Zip Code) | | | | |
| sandy@roanetl | | | | | |
| E-mail Address: (to be | e used for future annual rep | ort notifications) | | | |
| For further information | on concerning this matt | ter, please call: | | | |
| Sandy Roa | | _at (540 | 850 | -1160 | |
| (Name of Contact | ct Person) | (Area Code) | (Dayt | time Telephone Number) | |
| Enclosed is a check for | or the following amour | nt: | | | |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □\$155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing and Certified Copy | | ■\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| STREET ADDRESS | 3: | MAILI | NG A | DDRESS: | |
| Registration Section | | Registra | | | |
| Division of Corporati | ons | | | orporations | |
| Clifton Building 2661 Executive Center | er Circle | P. O. Be | | 77 FL 32314 | |
| Tallahassee, FL 3230 | | i andna | 33CC, I | L JEJIT | |

TO:

Registration Section

Certificate of Conversion For "Other Business Entity" Into



Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| 1. The name of the "RoaNet LLC | "Other Business Entity" immed | liately prior to the filing of this Certificate of Conversion is: |
|--|--|--|
| | (Enter Name of Other B | Business Entity) |
| 2. The "Other Busin | ness Entity" is a Limited Li | ability Company |
| | (Enter entity type. | Example: corporation, limited partnership, ship, common law or business trust, etc.) |
| First organized, form | ned or incorporated under the la | _{iws of} Nevada |
| on March 16, 2 | 2011 | (Enter state, or if a non-U.S. entity, the name of the country) |
| (date of organization | n, formation or incorporation) | |
| 3. The name of the I | Florida Limited Liability Comp | any as set forth in the attached Articles of Organization: |
| RoaNet LLC | | |
| *** | (Enter Name of Florida Limited | Liability Company) |
| (The effective date: date this document | : 1) cannot be prior to date of is filed by the Florida Depart | receipt or filed date nor more than 90 days after the timent of State; AND 2) must be the same as the effective on, if an effective date is listed therein.) |
| 5. The plan of conve | rsion has been approved in acc | ordance with ss. 605.1041-605.1046. |

| Signed this 4th day of March | 20_14 |
|---|---|
| Signature of Authorized Representative of Lim | ited Liability Company: |
| | |
| Signature of Authorized Representative: 5 | Dire. |
| Printed Name: Sandy D. Roa | Title: Vice President |
| Simonama (a) and half of Oak an Dunionan Franka. | (Can below for marriand simulations (a) 1 |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s).] |
| Signature: //www. | |
| Printed Name, Alvaro F. Roa | Title: President |
| 7 | |
| Signature: Sc. Rea. | |
| Printed Name: Sandy D. Roa | Title: Vice President |
| | |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| a. | |
| Signature: | 995-4 |
| Printed Name: | I itle: |
| KC Plant de Come au diam. | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or | Officer |
| If Directors or Officers have not been selected, an In | |
| if Directors of Officers have not been selected, an in | corporator must sign. |
| If Florida General Partnership or Limited Liabili | tv Partnershin: |
| Signature of one General Partner. | of a distribution |
| 5.6 | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of ALL General Partners. | |
| | |
| All others: | |
| Signature of an authorized person. | |
| • | |
| Fees: | |
| | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF ORGANIZATION FOR ED | |
|---|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| Boalet / LC. (Must end with the words "Limited Liability Company, the abbrevi | istion "L.L.C.," or the designation "L.L.C.") |
| ARTICLE 11 - Address: The mailing address and street address of the princ | cipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| Palm Cast Fl 32164 | Sico Relle Terre PKNY SIE 200 # 211 Pelm Cogst F1 32164 |
| ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.) | office, & Registered Agent's Signature: d Agent. You must designate an individual or another |
| The name and the Florida street address of the reg | istered agent are: |
| United States Corp | 22 0 |
| 17702 Winding Oak Florida street address (P | Court Suite A O. Box NOT acceptable) FL 33612-3425 |
| Tampa | FL 336/2-3425 |
| Chy, 5 | ac, and sip |
| Having been named as registered agent and to acce | pt service of process for the above stated limited liability I benefit accept the appointment as revistered agent and |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| President | Alvaro F Roa |
| | 61 Presidential Lane |
| | Palm Coast Fl 32164 |
| Vice President | Sandy D Roa |
| | 61 Presidential Lane |
| | Palm Coast FI 32164 |
| | |
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| (Use attachment if necessary) | |
| ective date is listed, the date must be speci- | filing: (OPTIONAL) fic and cannot be more than five business days prior to or |
| fective date is listed, the date must be specif of filing.) | |
| ective date is listed, the date must be speci- of filing.) | |
| fective date is listed, the date must be specif of filing.) | |
| ective date is listed, the date must be speci of filing.) E VI: Other provisions, if any. | |
| rective date is listed, the date must be specified filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | fic and cannot be more than five business days prior to or |
| ective date is listed, the date must be specififfing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | fic and cannot be more than five business days prior to or the state of a member. |
| ective date is listed, the date must be specififling.) E VI: Other provisions, if my. REQUIRED SIGNATURE: Signature of a ment (In accordance with section 405.4 | fic and cannot be more than five business days prior to or the state of this document (203 (1) (b), Florida Statutes, the execution of this document |
| E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menul (In accordance with section 405.0 constitutes an affirmation under the section and the section a | fic and cannot be more than five business days prior to or the content of the content of the comment of the comment of the comment of periods of periods that the facts stated herein are true, the submitted in a document to the Department of State |
| ctive date is listed, the date must be specif filing.) E. VI.: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a | fic and cannot be more than five business days prior to or the content of the content of the comment of the comment of the comment of periods of periods that the facts stated herein are true, the submitted in a document to the Department of State |
| REQUIRED SIGNATURE: Signature of a member of a member of lamb and a member of | her or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.) |
| REQUIRED SIGNATURE: Signature of a second (In accordance with section 405.4) I am aware that any false information constitutes a third degree felony a Second D Rose | fic and cannot be more than five business days prior to or the content of the content of the comment of the comment of the comment of periods of periods that the facts stated herein are true, the submitted in a document to the Department of State |
| REQUIRED SIGNATURE: Signature & La ment (In accordance with section 405.0 I am aware that any false informs constitutes a third degree felony a Sandy D Roa | her or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. It is submitted in a document to the Department of State is provided for in s.817.155, F.S.) Typed or printed name of signee Filing Feet: |
| REQUIRED SIGNATURE: Signature & La semi (In accordance with section 405.0 constitutes an affirmation under the semi- I am aware that any false information constitutes a third degree felony a Sandy D Roa | her or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State is provided for in s.817.155, F.S.) Typed or printed name of signee |

Page 2 of 2