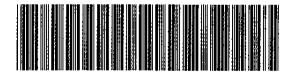
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Roman Management Solutions I</u> Name of L	LLC imited Liability Company	
The er	nclosed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Celeste Carlesimo	Name of Person	
		Name of Person	
	Roman Management Solutions LI		
		Firm/Company	
	1450 Vale Court		
		Address	
	Dunedin, Florida 34698	C: /0	
		City/State and Zip Code	
cl	narliecarlesimo@gmail.com E-mail address: (to be us	sed for future annual report notifica	ation)
For fu	rther information concerning this matter, pl	ease call:	
Celes	te Carlesimo at (Name of Person	727) 641 6566 Area Code Daytime Te	lephone Number
		·	•
Enclos	sed is a check for the following amount:		
모 \$125. (00 Filing Fee \$\times \text{Certificate of Status}\$	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Add	ress
	Registration Section	Registration Section	iana
	Division of Corporations P.O. Box 6327	Division of Corpora Clifton Building	uons
	Tallahassee, FL 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Roman Management Solutions LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1450 Vale Court Dunedin, Florida 34698 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Celeste Carlesimo Name 1450 Vale Court Florida street address (P.O. Box NOT acceptable) Dunedin City Zip 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 563 F. S. (CONTINUED) Page I of 2	ARTICLE I - Name:		
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