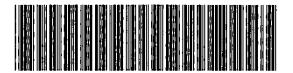
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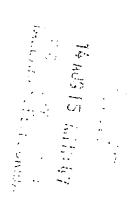
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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## **COVER LETTER**

PO: Registration Section Division of Corporations
SUBJECT: Roldan Global Ventures 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:
Stephen Roldan
Name of Person
Firm/Company
332 Hawaii Woods Ct
Address
Orlando, FL 32824
City/State and Zip Code
mrmrsroldan@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Roldan 321 439-7144
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 is:		
Roldan Global Ventures 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 pri-	ncipal office of the Limited Liability Con	apany is:
Principal Office Address:	Mailing Address:	
332 Hawali Woods Ct	332 Hawaii Woods Ct	
Orlando, FL 32824	Orlando, FL 32824	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida report of the name and the Florida street address of the respective Roldan	its own Registered Agent. You must desigistration.) egistered agent are:	
	Name	
332 Hawaii Woods Ct	NO. D. NOT.	
Flonda street address (P	P.O. Box <u>NOT</u> acceptable)	
Orlando	FL 32824	
City	Zip	
Having been named as registered agent and to at the place designated in this certificate. I hereb capacity. I further agree to comply with the proof my duties, and I am familiar with and acception.  Registered Agent's	by accept the appointment as registered ag ovisions of all statutes relating to the prope	ent and agree to act in this er and complete performance
(CO)	NTINUED)	7 5

Page 1 of 2

MGR" = Manager MGR  Stephen Roldan  332 Hawaii Woods Ct  Orlando, FL 32824   Use attachment if necessary)  2.V: Effective date, if other than the date of filing:	"AMBR" = Authorized Member "MGR" = Manager MGR  Stephen Roldan  332 Hawaii Woods Ct Orlando, FL 32824  "Use attachment if necessary)  E.V: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be more than fif filing.)  E.VI: Other provisions, if any.			
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