

L15000094100

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(City/State/Zip/Phone #)

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(Business Entity Name)

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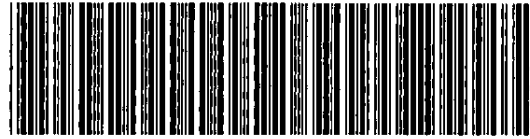
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BUREAU OF CORPORATE
INFORMATION SERVICES
MAY 15 2015

15 MAY -8 AM 10:00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 29 AM 8:32

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JUN 01 2015

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ronnroc, 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:

Paul R Matthews

Name of Person

Intercontinental Finance Group, Inc.

Firm/Company

Box 616681

Address

Orlando, Florida 32861

City/State and Zip Code

matthews1821@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul R Matthews 321 236-7458
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

| | | | |
|---------------------|--|--|--|
| \$125.00 Filing Fee | \$130.00 Filing Fee & 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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 MAY 28 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 12, 2015

PAUL R MATTHEWS
INTERCONTINENTAL FINANCE GROUP, INC.
BOX 616681
ORLANDO, FL 32861

SUBJECT: RONNROC, LLC
Ref. Number: W15000033721

We have received your document for RONNROC, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

Please provide the title for each person authorized to manage and control the limited liability company.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 815A00009967

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ronnroc, 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:

3476 Wry Road

Lake Worth, Florida 33463

Mailing Address:

3476 Wry Road

Lake Worth, Florida 33463

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:

Paul R Matthews

Name

7609 Telegraph Hill

Florida street address (P.O. Box **NOT** acceptable)

Orlando

Florida

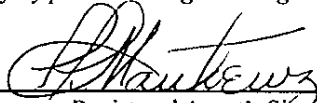
32835

City

State

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAY 29 AM 8:32
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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

MBR

Name and Address:

Ronnie T Gentile

3476 Wry Road

Lake Worth, Florida 33463

Nichole Vaughan

1364 Rose Circle

Wrst Palm Beach, FL 33406

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 5, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

In the event of the demise of Member Ronnie T Gentile, Nichole Vaughan will take full possession and ownership of the LLC. The LLC shall not be subject to any amendments, codicills or grantings that may be part of any Last Will and Testament of Ronnie T Gentile.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), 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.)

Paul R Matthews

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)

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TALLAHASSEE, FLORIDA