

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SEARA MEDIA LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 10 2015

S. GILBERT

H15000191495

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LC.")

SEARA MEDIA LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

10211 SW 102 TERR
MIAMI, FL 33176

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

RICARDO SEARA
10211 SW 102 TERR
MIAMI, FL 33176

ARTICLE IV-

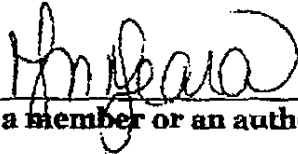
The name and title of each person authorized to manage and control the Limited Liability Company:

RICARDO SEARA (AMBR)
MARILYN SEARA - (AMBR)

H15000191495

H15000191495

Required Signatures:



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.

Marilyn Seara

Typed or printed name of signee

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)

H15000191495

L15000134291Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RECEIVED

15 AUG -7 AM 11:28

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FELDMAN & ASSOCIATES
Account Number : I20130000018
Phone : (786) 288-5699
Fax Number : (866) 856-1462

RECEIVED
DIVISION OF CORPORATIONS
15 AUG -7 AM 7:45

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: paul@feldmanclosings.com**FLORIDA LIMITED LIABILITY CO.****Rosh Investors, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 10 2015

S. GILBERT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROSHINVESTORS,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:2750NE185thStreet,Suite203
Aventura,FL33180Mailing Address:2750NE185thStreet,Suite203
Aventura,FL33180

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:

PaulFeldman,P.A.

Name

2750NE185thStreet,Suite203Florida street address (P.O. Box **NOT** acceptable)AventuraFL33180

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.,

Paul Feldman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
15 AUG -7 AM 7:45
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, 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

MGR

Name and Address:

ROSHMANAGER, LLC

2750 NE 185th Street, Suite 203

Aventura, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

REQUIRED SIGNATURE:

Paul Feldman

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 Feldman

Typed or printed name of signer

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)