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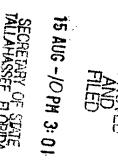
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Office Use Only



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141

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rolon Investments, 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:
Marck S. Rolon Name of Person
Firm/Company
3227 Mulberry Dr.
Clearwater, FL 33761
Clearwater, FL 33761 City/State and Zip Code Marck. Rolon Gnall. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marck Rolon at (813) 789-2090 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{Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2015

MARCK S. ROLON 3227 MULBERRY DR. CLEARWATER, FL 33761

SUBJECT: ROLON INVESTMENTS LLC

Ref. Number: W15000052735

We have received your document for ROLON INVESTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 315A00016473

Hello Florida Department of Corp.

I Marck Rolon Owner/CEO of L14000068021 have not intention of reinstating or using L14000068021. Track# 600275606/86

March Robon

Date RUSUST 14, 2015

SECRETARY OF SIME

APPROVED PLED



ARTICLÉS OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N:

The name of the Limited Liability Company is:

15 AUG 40 PM 3: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Roon Investments 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:	<u>Malling Address</u> :
3227 mulberry dr.	3227 Mulberry dl.
CIPCITURIEN PL 033761	clearwater FL 33761

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:

Marck	5.	Rolon	
	Name		
3227 mul	belvy	de	
Florida street address	(P.O. 6 6x	NOT acceptable)	
clearunter	ra	33761	
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)

Page 1 of 2



	Title:		Name and Address:	SECOUTABLE OF OTAT
	"AMBR" = Authorized M "MGR" = Manager	ember		SECRETARY OF STAT TALLAHASSEE, FLÖRIG
	Hopete MGR/AM	1BR/OWNer	Morek Rolon 3227 Mulberry Ar clearwater OFL	33761
	(Use attachment if necessa	ry)		
(If an eff the date <u>Note:</u> I	EV: Effective date, if other fective date is listed, the date of filing.)	er than the date of filing: te must be specific and ock does not meet the	d cannot be more than five busine applicable statutory filing requirems records.	ess days prior to or 90 days after
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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)