

**L160000046954**

**Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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

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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.  
ROMA INVESTMENT GROUP, LLC.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**ROMA INVESTMENT GROUP, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**ROMA INVESTMENT GROUP, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**705 NATURES COVE RD  
DANIA BEACH, FL 33004**

The mailing address shall be:

**705 NATURES COVE RD  
DANIA BEACH, FL 33004**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**ROSSANA DICARLO  
705 NATURES COVE RD  
Florida street address ( P.O.BOX NOT acceptable)  
DANIA BEACH, FL 33004  
City, State, and Zip**

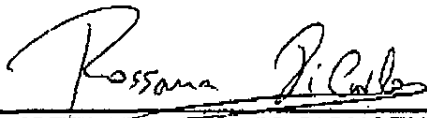
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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****ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ROSSANA DICARLO**  
705 NATURES COVE RD  
DANIA FL, 33004

**MANAGER**

**MARIELLA BARCENA**  
651 NE 53 STREET  
MIAMI FL, 33137

**MANAGER**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(An additional article must be added if an effective date is requested)



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.)

**ROSSANA DICARLO**

Typed or printed name of signee