

L16000112709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

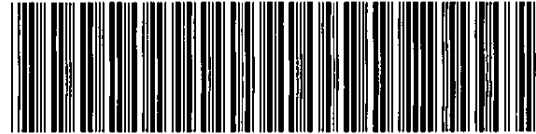
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W16-35766

STATE OF FLORIDA
DEPARTMENT OF REVENUE

16 JUN 10 PM 4:15

FILED

06-10-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROTH PROFESSIONAL GEOLOGY (RPG), 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:

CHRISTOPHER MARK ROTH

Name of Person

ROTH PROFESSIONAL GEOLOGY (RPG), LLC

Firm/Company

1623 AFRICAN VIOLET CT., TRINITY, FL

Address

TRINITY, FL 34655

City/State and Zip Code

CMARKROTH@VERIZON.NET

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

For further information concerning this matter, please call:

CHRIS ROTH

Name of Person

at (727) 741-1794

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

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

May 17, 2016

CHRISTOPHER MARK ROTH
1623 AFRICAN VIOLET CT
TRINITY, FL 34655

SUBJECT: ROTH PROFESSIONAL GEDLOGY (RPG), LLC
Ref. Number: W16000035766

We have received your document for ROTH PROFESSIONAL GEDLOGY (RPG), LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 616A00010365

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROTH PROFESSIONAL GEOLOGY, 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:

1623 AFRICAN VIOLET CT.
TRINITY, FL 34655

Mailing Address:

SAME

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:

CHRISTOPHER MARK ROTH
Name
1623 AFRICAN VIOLET CT.
Florida street address (P.O. Box **NOT** acceptable)
TRINITY FL 34655
City State Zip

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16 JUN 10 PM 4:15
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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.

Chris Roth

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 + MGR

Name and Address:

CHRISTOPHER M ROTH
1623 AFRICAN VIOLET CT.
TRINITY, FL 34655

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18 JUN 10 PM 4:15

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/4/16 (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:



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.

CHRISTOPHER M ROTH

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)