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FAX

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Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
ROKRON 809 LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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DEC 19 2017

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ROKRON 809 "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:Mailing Address:ROBERTO JOSE KRONFLE ABBUD11077 BISCAYNE BLVD SUITE 40011077 BISCAYNE BLVD SUITE 400N. MIAMI, FL 33161N. MIAMI, FL 33161

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

ROBERTO YULEE

Name

11077 BISCAYNE BLVD. SUITE 400Florida street address (P.O. Box NOT acceptable)N. MIAMI

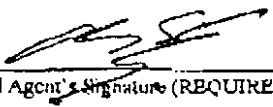
FL

33161

City

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

N. MIAMI FL 33161

ARTICLE VI: Other provisions, if any.

Robert. Knowles

Typed or printed name of signee

### 5.00 Certificate of Status (Optional)