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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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RK 7/5/18

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: RODON, 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:

YURTIVANOV
Name of Person

Firm/Company

1004 N.E. 13th STREET Address

CAPE CORAL, FL 33909

City/State and Zip Code

dobrava@gmail.com

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

For further information concerning this matter, please call:

YURLIVANOV

Name of Person at (239) 601-4826 Area Code & Daytime

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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RODON, 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:

1004 N.E. 13th STREET CAPE CORAL, FL 33909 1004 N.E. 13th STREET CAPE CORAL, FL 33909

6/27/18

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:

1004 N.E. 13th STREET
Florida street address (P.O. Box NOT acceptable)

CAPE CORAL, FL 33909 City. State and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability compar-the place designated in this certificate. I hereby accept the appointment as registered agent and agricult in thi capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete for func 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.

Page 1 of 2

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
<u>AMBR</u>	YURI IVANOV 1004 N.E. 13 th STREET CAPE CORAL, FL 33909	
(Use attachment if necessary) ARTICLE V: Effective date, if other than t If an effective date is listed, the date must be specially or 90 days after the date of filing.)	the date of filing (OPTIONAL) cific and cannot be more than five business days prior to	
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a members 2	
constitutes an affirmation under the per	r an authorized representative of a member 200 PPO Comparison of this document of the ubmitted in a document to the Department of the evided for in s.817.155,F.S.)	
	IVANOV ed 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)