

LA000116811

Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Tax Number : (850)617-6361

From: Account Name : TAXLEAF.COM INC
Account Number : 12014000064
Phone : (305)541-3980
Fax Number : (868)772-0105

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ROMAN US LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

J. FASON

MAY 08 2019

FILED
2019 MAY - 7 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FL

2019 MAY - 7 PM 1:30

2019 MAY - 7 PM 1:30

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROMAN US LLC

(Must contain 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:

1549 NE 123RD ST
NORTH MIAMI, FL 33161

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NORTH MIAMI, FL 33161

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 active Florida registration.)

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

ACCOUNTANT & MANAGEMENT, INC.


Name

1549 NE 123RD ST

Florida street address (P.O. Box **NOT** acceptable)

NORTH MIAMI FL 33161
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)

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ARTICLE IV:

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

Title:	Name and Address:
"AMBR" = Authorized Member	Roman Diaz, Luis Carlos
"MGR" = Manager	
AMRR	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than 90 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 605.0103 (1)(b), Florida Statutes.
Be aware that any false information submitted to a document to the Department of State
constitutes a third degree felony as provided for in s. 817.155, F.S.

Luis Carlos Roman Diaz

Typed or printed name of signer

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