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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE



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K Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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RL MM MIAMI L	LC		
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		_	
			Art of Inc. File
		<u> </u>	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend, File
			RA Resignation
			Dissolution / Withdrawal
		ļ	Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
	·		Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: Seth	08/28/19		UCC 1 or 3 File
 Name	Date	Time	UCC 11 Search
	- n.v		UCC 11 Retrieval
Malla Ta	\$3 P114 PN1 1 **		1

COVER LETTER

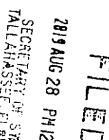
SUBJECT	RL MM MIAMI LLC		
SUBJECT	·	Limited Liability C	ompany
The enclose	ed Articles of Organization and fee(s	are submitted for t	îling.
Please retu	rn all correspondence concerning this	matter to the follow	wing:
	BRYAN MORJAIN		
		Name of Pers	on
	ROK LENDING LLC		
		Firm/Compa	ny.
	48 E FLAGLER ST PH 105		
		Address	
	MIAMI, FL 33131		
	BRYAN@ROKLENDING.COM	City/State and Zip) Code
-	E-mail address: (to be u	sed for future annua	ll report notification)
For further in	nformation concerning this matter, pl	ease call:	
	BRYAN MORJAIN		99-8668
	Name of Person	() Area Code = D	aytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	•	Certified C	
	Mailing Address New Filing Section		et Address
	Division of Corporations	Divi	Filing Section sion of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		on Building Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:			
RL MM MIAMI I (Must co	LC ontain the words "Limited	Liability Company	', "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal o	ffice of the Limite	d Liability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Address:	
48 E FLAGLER S MIAMI, FL 3313			E FLAGLER ST PH 105 AMI, FL 33131	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	any cannot serve as its own an active Florida registratio	Registered Agent n.)	ent's Signature: . You must designate an individual or	
		Name		
	48 E FLAGLER ST Florida street addres		acceptable)	
	MIAMI	FL	33131	
	City	State	Zip	
place designated in this certifica further agree to comply with the	ate. I hereby accept the app provisions of all statutes re	ointment as registe Lating to the prop	he above stated limited liability company ai tred agent and agree to act in this capacity er and complete performance of my duties, t as provided for in Chapter 603, F.S	: 1
	Bryo	n Morjain	t ature (REOUIRED)	

(CONTINUED)



	Title: "AMBR" = Authorized	d Member	Name and Address:
	"MGR" = Manager MGR		ROK LENDING LLC
	· · · · · · · · · · · · · · · · · · ·	_	48 E FLAGLER STREET, PH 105
			MIAMI, FL 33131
			
		_	
		_	
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	(Use attachment if nec	essary)	
If an ef the date <u>Note:</u> I the doct	LE V: Effective date, if fective date is listed, the of filing.) If the date inserted in this	other than the date of filing e date must be specific ar s block does not meet the n the Department of State	g: (OPTIONAL) nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a 's records.
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Filing Fees: