Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821

Fax Number : (850)558-1515 C RICO

MAR 3 1 2020

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

Email Address:	Ellati Audi 655.
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FLORIDA LIMITED LIABILITY CO. ROKUSEARCH LLC

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Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3/31/2020 3:48:38 PM PAGE

ARTICLE I - Name: The name of the Limited Liability Company is:		
RokuSearch LLC		_
(Must conatin the words "Limited Liabil	ity 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:	
20801 Biscavne Blvd, Suite 403	20801 Biscavne Blvd, Suite 403	
Miami Florida 33180	Miami Florida 33180	_
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.) The name and the Florida street address of the registered agen	stered Agent. You must designate an individual or	20 MAR 31
Corporation Service Comp		325
Nan	nc	رن من
1201 Hays Street		03
Florida street address (P.C	D. Box <u>NOT</u> acceptable)	

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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

State

Corporation Service Company

Tallahassee

City

KADESHA ROBERSON, ASST. VICE PRESIDENT

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized	Name and Address; Member
"MGR" * Manager	
MGR_	Mario Betancourt
-	20801 Biscayne Blvd, Suite 403
	Miami Florida 33180
	
	
EV: Effective date, if etive date is listed, the	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days prior to or 90
ective date is listed, the of filling.) the date inserted in thi nent's effective date o	other than the date of filing:
EV: Effective date, if cetive date is listed, the filing.) the date inserted in this	other than the date of filing:
E V: Effective date, if sective date is listed, the of filing.) the date inserted in thi ment's effective date of E VI: Other provisions. REQUIRED SIGNATION OF This display is a first date of the control of the cont	other than the date of filing:
E V: Effective date, if ective date is listed, the filing.) the date inserted in thi nent's effective date of E VI: Other provisions. REOURED SIGNATION AND ADDRESS AND ADDRE	other than the date of filing:
E V: Effective date, if ective date is listed, the filing.) the date inserted in thi nent's effective date of E VI: Other provisions. REOURED SIGNATION AND ADDRESS AND ADDRE	other than the date of filing: