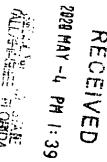
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(R	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Be	usiness Entity Name)	
(Di	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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CAPITAL CONNECTION, INC.

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

. <u> </u>		
RL RANCHO CA L	LC	
		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawał
		Annual Report / Reinstatement
		Cert. Copy
		Рһыо Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH	05/04/20	UCC 1 or 3 File
	Date Time	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVERLETTER

	New Filing Section Division of Corporations	
SUBJEC	CT: RL RANCHO CA LLC	
SUBJEC	Name of Li	mited Liability Company
The encl	osed Articles of Organization and fee(s) a	re submitted for filing.
Please re	turn all correspondence concerning this n	natter to the following:
	BRYAN MORJAIN	
		Name of Person
	ROK LENDING LLC	
		Firm/Company
	48 E FLAGLER ST PH 105	
		Address
	MIAMI, FL 33131	
	BRYAN@ROKLENDING.COM	City/State and Zip Code
	E-mail address: (to be use	d for future annual report notification)
For further	r information concerning this matter, plea	se call:
	BRYAN MORJAINat (_	799-8668
	Name of Person	Area Code Daytime Telephone Number
Enclosed	I is a check for the following amount:	
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

	Liability Company	, "L.L.C" or "LLC.")	
es of the principal o			
a or me principal o	ffice of the Limite	d Liability Company is:	
Principal Office Address:		Mailing Address:	
48 E FLAGLER ST PH 105 MIAMI, FL 33131		48 E FLAGLER ST PH 105 MIAMI, FL 33131	
not serve as its own e Florida registration	Registered Agent. on.)		vidual or
RYAN MORJAIN			
	Name		
48 E FLAGLER ST PH 105 Florida street address (P.O. I			
		acceptable)	
HAMI	FL	33131	
City	State	Zip	
reby accept the app ions of all statutes r tions of my position	ointment as registe elating to the prope	red agent and agree to act in er and complete performance t as provided for in Chapter (rthis capacity. 1 Fof my duties, and 1
	Registered Office, not serve as its own e Florida registered ess of the registered ess of the registered RYAN MORJAIN B E FLAGLER ST lorida street addres HAMI City It and to accept serve reby accept the applications of all statutes retions of my position	Registered Office, & Registered Agents of the registered agent are: RYAN MORJAIN Name B E FLAGLER ST PH 105 lorida street address (P.O. Box NOT) HAMI City State I and to accept service of process for the reby accept the appointment as registerions of all statutes relating to the propertions of my position as registered agents.	Registered Office, & Registered Agent's Signature: not serve as its own Registered Agent. You must designate an indice Florida registration.) ess of the registered agent are: RYAN MORJAIN Name 8 E FLAGLER ST PH 105 lorida street address (P.O. Box NOT acceptable) HAMI FL 33131

(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		Member	Name and Address:			
	"MGR" = Manager MGR		ROK LENDING LLC 48 E FLAGLER STREET, PH 105 MIAMI, FL 33131			
(Use attachment if necessary)						
[If an ef the date <u>Note:</u> []	fective date is listed, the of filing.) If the date inserted in this	date must be specific and	(OPTIONAL) I cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as a records.			
ARTIC	LE VI: Other provisions.	•				
	REOUIRED SIGNAT					
	This do I am aw	cument is executed in accarge that any false informa	an authorized representative of a member. Fordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.			
	1	DDV ANI MODIA INI				

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)