Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000352806 3)))



H200003528083ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**		Division of Co			201	
Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future of		Fax Number	: (850)617-6381		0 (مر
Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future of	From:)CT	
Account Number: 12000000019 Phone: (305)552-5973 Fax Number: (305)675-5944 **Enter the email address for this business entity to be used for future		Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	•	1	ζ.
Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for futings		Account Number	: 12000000019		9	
**Enter the email address for this business entity to be used for futing.		Phone	: (305)552-5973	,	70	
		Fax Number	: (305)675-5944	::::::::::::::::::::::::::::::::::::::		
				≤ <u>±</u> 3,	Š	
				355		•
annual report mailings. Enter only one email address please. ** '					9	
		annual report ma	illings. Enter only one email address please	. **		
		Email Address:				

FLORIDA LIMITED LIABILITY CO. JETHRO ROLLE LLC

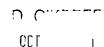
Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SEUNCHAR OF STATE
TALLAHASSEE, FLORIDE

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Dethro Rolle LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lie Company is:	ability	
4891 NW 72 Terr	/	
Lauderhill FL 33319		<u> </u>
		·
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Little Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	ability	
JETHRO Rashan Rolle		
4891 NW 72nd terr Landerhill FL 33319		
ARTICLE IV The name and title of each person authorized to manage and control the Limite Liability Company: (MGR or AMBR) Detheo Roshan Rolle (AMBR)	ed .	
	710	2
		20 OCT
	SSEE	-9 971
	. FLO	<u>अं</u>

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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 ager t as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)