To: 18506176381



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.

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	To:	Division of Corporations Fax Number : (850)617-6381					
		Account Name : C T CORPORATIO Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 The email address for this busine rual report mailings. Enter only o	ss entity to be used		re		
r	Ema	il Address: FLORIDA LIMITED L Rock Island Consu	LABILITY CO.				
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From: Ranae McGraw

Page: 3 of 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Rock Island Consulting, 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:
12521 Cypress Island Way	12521 Cypress Island Way
Wellington, FL 33414	Wellington, FL 33414

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 an active Florida registration.)

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

C T Corporation Sys	tem	
	Name	-
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box NOT acc	ceptable)
Plantation	Florida	33324
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.

C.T.Corporation System Bernadette Baker, Assistant Secretary

By:

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:

Name and Address:

Title:

"AMBR" = Authorized Member "MGR" = Manager

AMBR

Jeffrey Desich 12521 Cypress Isl	and Way	
Wellington, FL 3.	3414	
<u> </u>		

(Use attachment if necessary)

. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ____ (If an effective date is listed, the date must be specific and cannot be more than five business 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.

<u>REQUIRED</u> SIGNATURE:	2	21
/s/ Matthew D. Graban		ΛL
Signature of a member or an authorized representative This document is executed in accordance with section 605.0203 (1 am aware that any false information submitted in a document to constitutes a third degree felony as provided for in s.817.155, F.S.	1) (b), Florida S the Department of	
Matthew D. Graban		÷
Typed or printed name of signce	5.	Ξ

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)