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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MARIA XIMENA MARTINEZ

Account Number : I20220000054 Phone : (786)571-4129 Fax Number : (786)590-1744

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

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## FLORIDA LIMITED LIABILITY CO. ROHI INVESTMENT PROPERTIES LLC

Certificate of Status	0
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## **COVER LETTER**

TO:

**New Filing Section** 

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations	
ROHI INVESTMENT PROPERTIES LLC SUBJECT:	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
GLORYVEE MARTINEZ ALVAREZ	
Name of Person	
ROHI INVESTMENT PROPERTIES LLC	
Firm/Company	
11403 MAYORY SQUARE DR APT 203	
Address	
TAMPA, FL 33635	
City/State and Zip Code INFO@MODERNSOLUTIONSGROUP.NET	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
GLORYVEE MARTINEZ 787 962-8971	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:  State Of Filling Fee	1
3125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	TI J
Mailing Address  New Filing Section  Street Address  New Filing Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ROHI INVESTMENT PROPERTIES LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11403 MAYORY SQUARE DR APT 203	11403 MAYORY SQUARE DR APT 203
TAMPA, FL 33635	TAMPA, FL 33635
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent	tered Agent. You must designate an individual or
MARIA XIMENA MART	
Nam	
2424 W. BRANDON BLV	D. #1282
Florida street address (P.O	. Box NOT 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

FL

State

**BRANDON** 

City

Registered Agent's Signature (REQUIRED)

33511

Zip

(CONTINUED)

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**ARTICLE IV-**The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	to a transfer of the contract of	Name and Address:	
"AMBR" = Author "MGR" = Manager			
AMBR		GLORYVEE MARTINEZ ALVA	AREZ
<del></del>	<del></del>	11403 MAYORY SQUARE DR	APT 203
		TAMPA FL 33635	
	<del></del>	<del></del>	
	<del></del>	<del> </del>	
			<del></del>
	<del></del>		
(Use attachment if	necessary)		
document's effective dat	te on the Department of State's ons, if any. Liability Company is to engage	applicable statutory filing requirements records.  e in any lawful activity for which a	
REQUIRED SIGN		E MARTINEZ ALVA	UREZ
I au	Signature of a member or is document is executed in accommand any false information.	an authorized representative of a cordance with section 605.0203 (1) (tion submitted in a document to the is provided for in s.817.155, F.S.	nmember. (b), Florida Statutes.
	GLORYVI	EE MARTINEZ ALVAREZ	
	Typed	or printed name of signee	- # # # # T
	,	***** **	800 V
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