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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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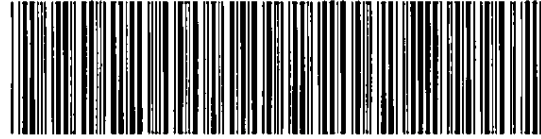
(Business Entity Name)

(Document Number)

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S. CHATHAM

OCT - 4 2022

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 OCT - 3 PM 3:09

RECEIVED  
2022 OCT - 3 PM 1:45  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** ROPRO Leasing Company, LLC  
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:

Lisa Zarro  
Name of Person

Registered Agents Legal Services, LLC  
Firm/Company

1013 Centre Road Suite 403S  
Address

Wilmington, DE 19805  
City/State and Zip Code

info@inclegal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Zarro at (800) 400-6650  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$160.00 Filing Fee, Certificate of Status & 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 10/03/22**

**NAME: ROPRO LEASING COMPANY, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROPRO Leasing Company, 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:

4655 Cherry Laurel Lane  
Delray Beach, FL 33445

Mailing Address:

4655 Cherry Laurel Lane  
Delray Beach, FL 33445

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:

Registered Agents Legal Services, LLC

Name

155 Office Plaza Drive, Suite A

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee                      Florida                      32301

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.*

/s/ Lisa Zarro

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:

**TITLE:**  
**AMBR** - Authorized Member  
**MGR** - Manager

Name and Address

AMBR

ANTHONY PROVENZANO  
4645 Cherry Laurel Lane  
Delray Beach, FL 33445

AMBR

RUSSELL RANDAZZA  
3484 HAROLD STREET  
OCEANSIDE NY 11572-4273

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing (OPTIONAL)  
(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.

**REQUIRED SIGNATURE:**



Signature of a member of an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b) Florida Statutes.  
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.

ANTHONY PROVENZANO

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE  
DEPARTMENT OF STATE  
MAY 3 09