Division of Corporations



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.

(((H230001092813)))



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

fo:

Division of Corporations

Fax Number : (850)617-6381

From:

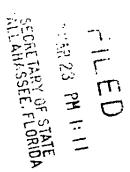
Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

FLORIDA LIMITED LIABILITY CO. INVESTMENTS AND CONSULTING ROCH LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$155.00



Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Linbility Company is:

INVESTMENTS AND CONSULTING ROCH 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:

2330 SW WILLINSTON RD APT 1918 GAINESVILLE, FL 32608 2330 SW WILLINS FON RD APT 1938 GAINESVILLE, UL 32608

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.

ROOSVEL ENRIQUE ROJAS PARRA

Name

2330 SW WILLINSTON RD APT 1918

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

 GAINESVILLE
 FL
 32608

 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. Thereby 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 proyided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	ROOSVELENRIQUE ROJAS PARRA 2330 SW WILLINSTON RD APT 1918 GAINESVILLE, FL 32608
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp the date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	A.
This document is ex found i I am aware that any false inf	er or in authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, emiation submitted in a document to the Department of State only as provided for in s.\$17.155, F.S.
<u>Koosue.</u>	JENRIQUE ROJAS PARRA Sped or printed name of signee

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)