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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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| RL MB 1420 COLLINS LLC             |                                |
|------------------------------------|--------------------------------|
| Please Debit FCA000000003 For: 125 |                                |
| Thank you Seth Neeley              |                                |
| 1 ///                              | <del>-</del>                   |
| Sty/                               | Art of Inc. File               |
|                                    | LTD Partnership File           |
|                                    | Foreign Corp. File             |
|                                    | L.C. File                      |
|                                    | Fictitious Name File           |
|                                    | Trade/Service Mark             |
|                                    | Merger File                    |
|                                    | Art, of Amend, File            |
|                                    | RA Resignation                 |
|                                    | Dissolution / Withdrawal       |
|                                    | Annual Report / Reinstatement  |
|                                    | Cert. Copy                     |
|                                    | Photo Copy                     |
|                                    | Certificate of Good Standing   |
|                                    | Certificate of Status          |
|                                    | Certificate of Fictitious Name |
|                                    | Corp Record Search             |
| ,                                  | Officer Search                 |
|                                    | Fictitious Search              |
| DOG/                               | Fictitious Owner Search        |
| Signature                          | Vehicle Search                 |
|                                    | Driving Record                 |
| Requested by: SETH                 | UCC 1 or 3 File                |
|                                    | UCC 11 Search                  |
| Name Date Time                     | UCC 11 Retrieval               |
| Walk-In Will Pick Up               | Courier                        |

### **COVER LETTER**

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| то:       | New Filing Section Division of Corporations   |  |
|-----------|---|--|
| SUBJE     | ECT: RL MB 1420 COLLINS LLC   |  |
|           | Name of Limi  | ted Liability Company  |
| The en    | aclosed Articles of Organization and fee(s) are   | submitted for filing.  |
| Please    | return all correspondence concerning this matt  | er to the following:   |
|           | BRYAN MORJAIN   |  |
|           |   | Name of Person   |
|           | ROK LENDING LLC   |  |
|           |   | Firm/Company   |
|           | 19790 W Dixie Hwy PH 1  |  |
|           |   | Address  |
|           | Aventura, FL 33180  |  |
|           | City<br>BRYAN@ROKLENDING.COM  | y/State and Zip Code   |
|           | E-mail address: (to be used for   | or future annual report notification)  |
| For furth | ner information concerning this matter, please o  | all:   |
|           | BRYAN MORJAIN 305   |  |
|           |   | a Code Daytime Telephone Number  |
| Enclose   | ed is a check for the following amount:   |  |
|           | 00 Filing Fee \$\ \tag{\$130.00 Filing Fee & Certificate of Status}                             | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose |
|           | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301   |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:   |                               |  |  |
|---|-------------------------------|--|--|
| The name of the Limited Liability Company is:   |                               |  |  |
|   |                               |  |  |
| RL MB 1420 COLLINS LLC  |                               |  |  |
| (Must contain the words "Limited Liability Co   | ompany, "L.L.C.," or "LLC.")  |  |  |
| ARTICLE II - Address:   |                               |  |  |
| The mailing address and street address of the principal office of the   | Limited Liability Company is: |  |  |
| and a second and the principal office of the allithed Elasting Company 13.  |                               |  |  |
| Principal Office Address:   | Mailing Address:              |  |  |
| 19790 W Dixie Hwy PH 1  | 19790 W Dixie Hwy PH 1        |  |  |
| Aventura, FL 33180  | Ayentura, FL 33180            |  |  |
|   |                               |  |  |
| ARTICLE III - Pagistared Agent Designand Office & Designation   | -d A                          |  |  |
| 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:  |                               |  |  |
| BRYAN MORJAIN   |                               |  |  |
| Name  |                               |  |  |
| 19790 W Díxie Hwy PH 1  |                               |  |  |
| 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.

Aventura

City

Bryan Morgain
Registered Agent's Signature (REQUIRED)

33180

Zip

(CONTINUED)

FL

State

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR\_\_\_\_ ROK LENDING LLC 19790 W Dixie Hwy PH1 Aventura, FL 33180 (Use attachment if necessary) (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. **REOUIRED SIGNATURE:** Bryan Morgain
Signature of a member or 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.

**BRYAN MORJAIN** 

Typed 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)