

L23000538933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

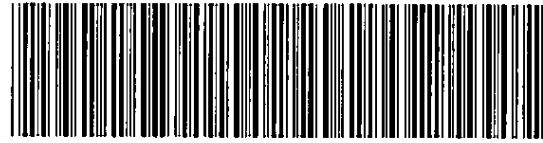
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 DEC -5 PM 1:29

2023 - - PM 5:02

FLORIDA CAPITAL COURIER SERVICES, INC

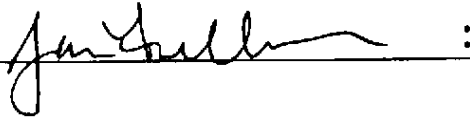
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$125.00**

**Authorization Signature:** \_\_\_\_\_ :



**RODAN IV, LLC**

**BUSINESS NAME**

**DOCUMENT #**

Certified Copy

Certificate of Status

**NEW FILINGS**

**AMMENDMENTS**

Profit Corp

Amendment

Not for Profit

Resignation of R.A. Officer/Director

**Limited Liability**

Change of Registered Agent

Domestication

Revocation of Dissolution

LLLP

Merger

CORP

Articles of Conversion

Other

Restated Articles of Incorporation

Other

Statement of Authority

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

Apostille

Foreign filing

Country

Reinstatement

Annual Report

Qualification

Fictitious Name

Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

FLORIDA CAPITAL COURIER SERVICES, INC

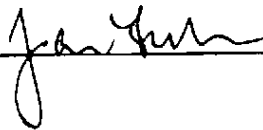
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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: RODAN IV, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Z. Green, Esq.  
Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.  
Firm Company

901 Ponce de Leon Boulevard, Suite 601  
Address

Coral Gables, Florida 33134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sandra Z. Green                      305                      372-5100  
Name of Person                      at (                      )                      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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RODAN IV, 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:

3191 Grand Avenue  
Ste 330278  
Miami, Florida 33133

3191 Grand Avenue  
Ste 330278  
Miami, Florida 33133

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.)

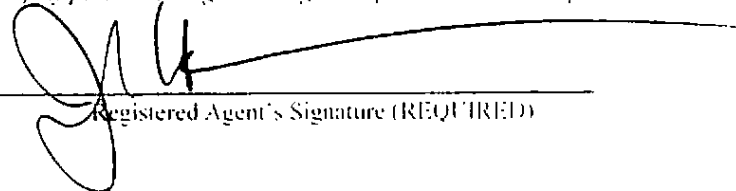
The name and the Florida street address of the registered agent are:

JONATHAN H. GREEN & ASSOCIATES, P.A.  
Name

901 Ponce de Leon Boulevard, Suite 601  
Florida street address (P.O. Box NOT acceptable)

Coral Gables                      Florida                      33134  
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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

ALI REZA SHADRAVAN, Trustee  
3191 Grand Avenue, Ste 330278  
Miami, Florida 33133

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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 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.

SANDRA Z. GREEN, ESQ.

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)

2023 C - F S: 02