

L240002291849

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((1124000223189 3))



H240002231893ABC+

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

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NJ LAW PLLC
Account Number : 12020000122
Phone : (239)920-5228
Fax Number : (239)920-5289

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

Email Address: derekcarlson@mvprealty.net

**FLORIDA LIMITED LIABILITY CO.
ROG MVP Orange County LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
2024 JUN 28 PM 3:57
DIVISION OF CORPORATIONS
CORPORATE FILING

ARTICLES OF ORGANIZATION
OF
ROG MVP ORANGE COUNTY LLC

ARTICLE I – NAME

The name of the limited liability company ROG MVP ORANGE COUNTY LLC
(the "company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited
Liability Company is:

Principal Office Address:

5401 S KIRKMAN ROAD
ORLANDO, FL 32819

Mailing Address:

5401 S KIRKMAN ROAD
ORLANDO, FL 32819

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

NJ Law PLLC
3411 Tamiami Trail N., Ste. 100
Naples, Florida 34103

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.



ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

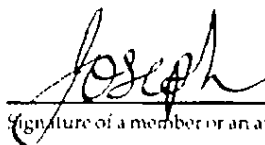
"MGR" = Manager

"AMBR" = Authorized Member

MGR

DEREK CARLSON
1495 PINE RIDGE RD STE 1
NAPLES, FL 34109

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.

Nabil Joseph, Esq., Authorized Representative