

**L2400022310911**

Florida Department of State  
Division of Corporations  
Annual Report Cover Sheet

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To:

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

From:

Account Name : NJ LAW PLLC  
Account Number : 120200000122  
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 Lee County LLC**

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION  
OF  
ROG MVP LEE COUNTY LLC

ARTICLE I – NAME

The name of the limited liability company ROG MVP LEE 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:

Mailing Address:

5237 SUMMERLIN COMMONS BLVD  
FORT MYERS, FL 33907


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FORT MYERS, FL 33907

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.*

  
\_\_\_\_\_  
NJ LAW PLLC

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#### 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

Typed or printed name of signee

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