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(((H24000223122 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NO 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 Charlotte County LLC

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

To:

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# ARTICLES OF ORGANIZATION OF ROG MVP CHARLOTTE COUNTY LLC

#### ARTICLE I - NAME

The name of the limited liability company ROG MVP CHARLOTTE 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:

3280 TAMIAMI TRAIL BUILDING 4 PORT CHARLOTTE, FL 33952 3280 TAMIAMI TRAIL BUILDING 4 PORT CHARLOTTE, FL 33952.

## 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.

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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:

<u>Title</u>:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

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

#### **REQUIRED SIGNATURE:**

fignature of a mombor or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. Lam 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