9/24/24, 2:10 PM

Division of Corporations

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Division of Corporations

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E mail	Address:	

FLORIDA LIMITED LIABILITY CO. ROLAR CONSULTING, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rolar Consulting, 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:

11271 NW 88tf. St.	11271 NW 88th St.
Doral, Fl. 33178	Doral, Fl. 33178

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:

Ben Financial Servi	ces, Inc.	
	Name	
10500 NW 26th St.	Stc. A-101	
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
Doral	Fi	33172
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..



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SECRETARY OF STATE SECRETARY OF STATE STORY

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The name an	d address of each	i person authorized (o manage and	control the	Limited Liability	v Company:
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	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	MGR	Martin Lares 11271 NW 88th St. Doral, Fl. 33178
	MGR	Sidle Roldan 11271 NW 88th St. Doral, Fl. 33178
	· · · · · · · · · · · · · · · · · · ·	
		
-	(Use attachment if necessary)	
	(If an effective date is listed, the date must be sp the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after
	Note: If the date inserted in this block does not the document's effective date on the Department	neet the applicable statutory filing requirements, this date will not be listed as of State's records.

REQUIRED SIGNATURE:

M. Lares

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.

Martin Lares

Typed or printed name of signee

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