

L24000 456054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

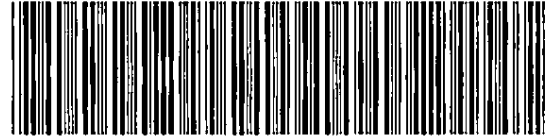
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600438061696

RECEIVED
2024 OCT 29 PM 3:05
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 10/29/2024 **PRIORITY** Regular Approval

OUR REF # (Order ID#) 1305924

ORDER ENTITY
RTCHS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

RTCHS LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: _____
State of Limited Liability Company

Enclosed is a check for the fee state submitted for filing
Particulars of the company check check will be later to the following

Key Market

Name of Person

Firm Company

W.C.W. Prosop, R.C.

Address

Portland, ME 04109

City, State and Zip Code

City, State and Zip Code

City, State and Zip Code (used for filing annual report notification)

For further information, contact the Division at the following:

Key Market

954

802-0468

State and Zip Code

Area Code

Area Code

Daytime Telephone Number

Enclosed is a check for the following fee:

\$5.00 Filing Fee
\$5.00 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 1000
Tallahassee, FL 32303

Street Address

New Filing Section Division
The Centre of Tallahassee
2418 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:

ROCHIS LLC

(Must contain the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1235 EAST LAS OLAS BOULEVARD
FORT LAUDERDALE, FL 33301

1235 EAST LAS OLAS BOULEVARD
FORT LAUDERDALE, FL 33301

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.)

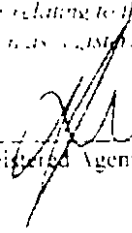
The name and the Florida street address of the registered agent are:

Joel Marcus
Name

5700 Wyndesport Road
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale Florida 33309
City State Zip

I, having been named as registered agent, and to me is presented 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 provisions of the Florida Limited Liability Company Act as provided 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

MGRM

LP FAMILY LIMITED PARTNERSHIP
1235 EAST LAS OLAS BOULEVARD
FORT LAUDERDALE, FL 33301

AMBR

Leone Padula
1235 EAST LAS OLAS BOULEVARD
FORT LAUDERDALE, FL 33301

(See attachment for details)

ARTICLE V: Effective date of filing (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.)

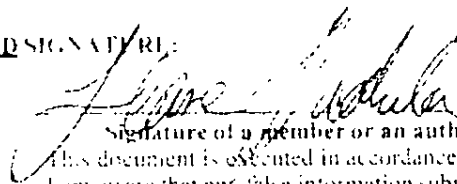
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:

Real Estate Investment

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.

Leone Padula

MGR of LP Family Partnership
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)