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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number

: (305)328-4774

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

	Address:	

## FLORIDA LIMITED LIABILITY CO. ROMATECH LLC

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY >

ARTICLE I - Name:	
The name of the Limited Liability Company is:	₩
ROMATECH LLC	
(Must contain the words "Limited Liabi	lity 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:
The mailing address and street address of the principal office	of the Limited Liability Company is:
The mailing address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
Principal Office Address: 5130 N. WICKHAM RD	Mailing Address: 7342 NW 35th ST
Principal Office Address:	Mailing Address:

(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 Plorida street address of the registered agent are:

cceptable)
32940
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..

Marco E. Gonzalez

Registered Agent's Signature (REQUIRED)

(CONTINUED)



(Use attachment if necessary)  E V: Effective date, if other than the date of filing:	ENRIQUE GONZALEZ GRATEROL WICKHAM RD URNE. FL 32940  (OPTIONAL)
(Use attachment if necessary)  E V: Effective date, if other than the date of filing:	
E V: Effective date, if other than the date of filing:	
E V: Effective date, if other than the date of filing:	
E V: Effective date, if other than the date of filing:	(OPTIONAL)
E V: Effective date, if other than the date of filing:	(OPTIONAL)
E V: Effective date, if other than the date of filing:	(OPTIONAL)
E V: Effective date, if other than the date of filing:	. (OPTIONAL)
rective date is listed, the date must be specific and early filling.)  The date inserted in this block does not meet the appoint's effective date on the Department of State's reserved.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an This document is executed in according a may are that any false information constitutes a third degree felony as p	(OPTIONAL)
REQUIRED SIGNATURE:  Marcos E  Signature of a member or an  This document is executed in accord  I am aware that any false information  constitutes a third degree felony as p	cable statutory filing requirements, this date will not be
Signature of a member or an This document is executed in accord I am aware that any false information constitutes a third degree felony as p	
Signature of a member or an This document is executed in accord I am aware that any false information constitutes a third degree felony as p	
This document is executed in accord I am aware that any false information constitutes a third degree felony as p	Gonzalez
Marcos E.	authorized representative of a member. unce with section 605.0203 (1) (b), Florida Statutes, submitted in a document to the Department of State ovided for in s.817.155, F.S.
	nonzalez rinted name of signec
Typed or	
	rinted name of signec
\$125.00 Filing Fee for Articles of Organization a \$ 30.00 Certified Copy (Optional)	g Fees:

2024 NOV 21 PH 4: 18
SECRETARY OF STATE
WILL A HASSEL FLORIDA