# L24000335905

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======, ====,
(Document Number)
Certified Copies Certificates of Status
Special learnering to Siling Office
Special Instructions to Filing Officer:





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Auga

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224 8870 + 1-800-342-8062 + Fax (850) 222-1222

RL METHUEN II	NDUSTRIAL LL	. <u>C</u>	
Please Debit FCA	00000003 For: 12:	5	
Thank you Seth No			
Atti			Art of Inc. File  LTO Partnership File  Foreign Corp. File
			L.C. File
			Trade/Service Mark
			Merger FileArt. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement  Cert. Copy
			🗶 Рінню Сару
			Certificate of Good Standing
			Certificate of Status  Certificate of Fictitious Name
			Corp Record Search
14	<del>-,</del> ,		Officer Search
		<del></del>	Fictitions Search  Fictitions Owner Search
Signature			Vehicle Search
	<del>-</del>		Driving Record
Requested by:			UCC 1 or 3 File
Name	Date	Time	UCC 11 SearchUCC 11 Retrieval
Walk-In	_		Courier

## COVER LETTER

	Sew Filing Section Division of Corporations	
SUBJECT	r. RL METHUEN INDUSTRIAL LI	l,C
	Name of E	Limited Liability Company
The enclos	sed Articles of Organization and feets)	are submitted for filing.
Please rett	irii all correspondence concerning this	matter to the following:
	BRYAN MORJAIN	
		Name of Person
	RÓK LENDING LLC	
		Firm/Company
	19790 W Dixie Hwy PH F	
		Address
	Aventura, FL 33180	
	BRYAN@ROKLENDING.COM	City/State and Zip Code
	E-mail address: (to be us	sed for future annual report notification)
For further (	ntormation concerning this matter, plea	rase call:
	BRYAN MORJAIN	305 799-8668 (
		Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
\$125,00 F	iling Fee \$130,00 Fiting Fee & Certificate of Status	S155.00 Filing Fee & S160,00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address  New Filing Section  Division of Corporations  Clifton Building
	Tullahassee, Fl. 32314	2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RI, METHUEN	N INDUSTRIAL LAC	
(Mus	t contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
RTICLE II - Address:		
ne mailing address and st	rect address of the principal office of t rincipal Office Address:	he Limited Liability Company is: <u>Mailing Address</u> :
he mailing address and st <u>Pr</u>		, , ,

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:

ARTICLE 1 - Name:

BRYAN MORJAIN		
· -	Name	
19790 W Dixie Hy	vy PH 1	
Florida street addres	s (P.O. Box <u>NOT</u> ac	(ceptable)
Aventura	FL.	33180
City	State	Ζιp

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. Thereby 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.

Bryan Worfain
Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>		Name and Address:
	' = Authorized Member	
	= Manager	
<u>MGR</u> _	<del></del>	ROK LENDING LLC
		19790 W Dixie Hwy PH1
		Aventura, FL 33180
(L'ea atta.	chiment if necessary)	
(0.0	, , , , , , , , , , , , , , , , , , , ,	
	inserted in this block does not m fective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed a of State's records.
	ner provisions, if any.	
REQUIR	RED SIGNATURE:	
	Bryan	n Morgain  mber or an authorized representative of a member.
	Signature of a me	mber or an authorized representative of a member.
	This document is execute	ed in accordance with section 605.0203 (1) (b), Florada Statutes.
	I am aware that any false	information submitted in a document to the Department of State
		felony as provided for in s.817.155, F.S.
	RRV AN MORTA	IX
	77171717171717171	IN Typed or printed name of signee
		- Manage Langue minute on suffices
		Filing Fees:
8125 00	Filing Fee for Articles of Org	tanization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

• •

### COVERLETTER

TO:	New Filing Section Division of Corporations		
SUBJE	CT: RL METHUEN INDUSTRIAL I		
	Name of	Limited Liabil	ity Company
The enc	closed Articles of Organization and feet:	s) are submitted	for filing.
Please r	return all correspondence concerning thi	s matter to the l	ollowing:
	BRYAN MORJAIN		
		Name of	Person
	ROK LENDING LLC		
		Firm/Co	mpany
	19790 W Dixic Hwy PH I		
		Addi	ess
	Aventura, FL 33180		
	BRYAN@ROKLENDING.COM	City/State an	d Zip Code
	E-mail address: (to be v	ised for future;	nnual report notification)
For furthe	er information concerning this matter, pl	euse call:	
	BRYAN MORJAIN	305	799-8668
			Daytime Telephone Number
Knolovo	d is a check for the following amount.		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	L-UCertifi	of Filing Fee & S160,00 Filing Fee, ed Copy Certificate of Status & el copy is enclosed) Certified Copy tadditional copy is enclosed
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address New Filing Section Division of Corporations Clutton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

	JEN INDUSTRIAL LLC Aust contain the words "Limited Li	iability Company.	. "L.L.C.," or "LLC.")
ARTICLE II - Addres The mailing address an	s: d street address of the principal off	ice of the Limited	l Liability Company is:
	Principal Office Address:		Mailing Address:
	19790 W Dixie Hwy PH 1		19790 W Dixie Hwy PH 1
The Limited Liability ( nother business entity	Aventura, FL 33480 ered Agent, Registered Office, &	Registered Agent. .1	Aventura, FL 33180
The Limited Liability ( mother business entity	Aventura, FI, 33480  ered Agent, Registered Office, & Tompany cannot serve as its own R with an active Florida registration.	Registered Agent. .1	Aventura, FL 33180 nt's Signature:
The Limited Liability ( mother business entity	Aventura, FL 33480  ered Agent, Registered Office, & Tompany cannot serve as its own R with an active Florida registration.  da street address of the registered a BRYAN MORJAIN	Registered Agent. .1	Aventura, FL 33180 nt's Signature:
The Limited Liability ( mother business entity	Aventura, FL 33480  ered Agent, Registered Office, & Tompany cannot serve as its own R with an active Florida registration.  da street address of the registered a BRYAN MORJAIN	Registered Agent.  I gent are:  Name	Aventura, FL 33180 nt's Signature:
The Limited Liability ( mother business entity	Aventura, FL 33480  cred Agent, Registered Office, & Tompany cannot serve as its own R with an active Florida registration.  da street address of the registered a BRYAN MORJAIN	Registered Agent.  Jugent are: Name	Aventura, FL 33180  nt's Signature: You must designate an individual or
The Limited Liability ( mother business entity	Aventura, FL 33480  cred Agent, Registered Office, & Tompany cannot serve as its own R with an active Florida registration.  da street address of the registered a BRYAN MORJAIN	Registered Agent.  Jugent are: Name	Aventura, FL 33180  nt's Signature: You must designate an individual or

(CONTINUED)

Bryan Morgain
Régistered Agent's Signature (REQUIRED)

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company;

"MGR" = Manager MGR  P790 W Dixic Hwy PH1 Aventura, FL 33180  (Use attachment if necessary)  E.V: Effective date, if other than the date of filing:	Title; "AMBR" > Authorized Member	Name and Address:
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	"MGR" = Manager	19790 W Dixie Hwy PH1
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:		
(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:		
retive date is listed, the date must be specific and cannot be more than five business days prior to or 90 ffiling.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  EVI: Other provisions, if any.    Bryan Morgain	(Use attachment if necessary)	
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.847,155, F.S.  BRYAN MORJAIN  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is listed, the date must be sp · of filing.)	ecific and cannot be more than five business days prior to or 90 day
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.847.155, F.S.  BRYAN MORJAIN Typed or printed name of signee  Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is listed, the date must be sp of filing.) If the date inserted in this block does not i ument's effective date on the Department LE VI: Other provisions, if any.	need the applicable statutory filing requirements, this date will not be I of State's records.
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.847.155, F.S.  BRYAN MORJAIN Typed or printed name of signee  Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is listed, the date must be sp of filing.) If the date inserted in this block does not i ument's effective date on the Department LE VI: Other provisions, if any.	need the applicable statutory filing requirements, this date will not be I of State's records.
Typed or printed name of signee  Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is listed, the date must be specifiling.) If the date inserted in this block does not a ument's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not be I of State's records.
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is listed, the date must be specifiling.) If the date inserted in this block does not a ument's effective date on the Department LE VI: Other provisions, if any.    REOURED SIGNATURE:   Bryga	neet the applicable statutory filing requirements, this date will not be I of State's records.  In Worgain  under or an authorized representative of a member, ted in accordance with section 605,0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is listed, the date must be specifiling.) If the date inserted in this block does not uncent's effective date on the Department LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a mean of this document is executed in a ware that any false constitutes a third degree.	the more than five business days prior to or 90 day need the applicable statutory filing requirements, this date will not be I of State's records.  The Morgain comber or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, or information submitted in a document to the Department of State of felony as provided for in 8.847.155, F.S.
	ffective date is listed, the date must be specifiling.) If the date inserted in this block does not uncent's effective date on the Department LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a mean of this document is executed in a ware that any false constitutes a third degree.	the more than five business days prior to or 90 day need the applicable statutory filing requirements, this date will not be I of State's records.  The Morgain comber or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, or information submitted in a document to the Department of State of felony as provided for in 8.847.155, F.S.
20 20 20 CECHIPO V 00 V IVIII 10 0 21 1	ffective date is listed, the date must be specifiling.) If the date inserted in this block does not a ument's effective date on the Department LE VI: Other provisions, if any.    REOURED SIGNATURE:   Bryan	need the applicable statutory filing requirements, this date with of State's records.  The Worgain comber or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department of Section 9 provided for in \$817.155. F.S.  MN  Typed or printed name of signee  Filing Fees: