

L11000028092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

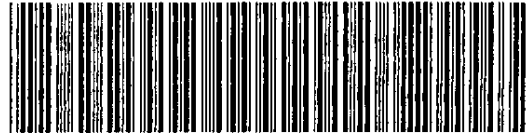
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/14/11--01048--016 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR - 7 PM 4: 05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rockwater, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David W. Steen, Esquire

Name of Person

David W. Steen, P. A.

Firm/Company

13902 N. Dale Mabry Highway, Suite 110

Address

Tampa, FL 33618

City/State and Zip Code

llints@dsteenpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David W. Steen, Esquire

Name of Person

at (**813**) **251-3000**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2011

DAVID W. STEEN, P.A.
13902 N. DALE MABRY HIGHWAY, SUITE 110
TAMPA, FL 33618

SUBJECT: ROCKWATER, LLC
Ref. Number: W11000009093

We have received your document for ROCKWATER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 511A00003924

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROCKWATER, LLC

(Must end with 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:

C/O David W. Steen, P. A.
13902 N. Dale Mabry Highway, #110
Tampa, FL 33618

c/o David W. Steen, P. A.
13902 N. Dale Mabry Highway, #110
Tampa, FL 33618

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:

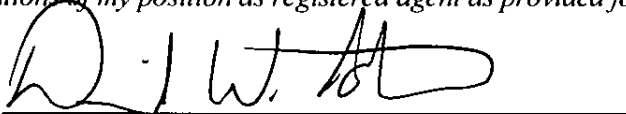
David W. Steen, Esquire
Name

13902 N. Dale Mabry Hwy., #110
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33618
City, State, and Zip

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DIVISION OF CORPORATIONS
11 MAR - 7 PM 4:05

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 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Sheri G. Dodd, MGRM

P O Box 803

Plant City, FL 33564

Daniel Cole Dodd, MGRM

P O Box 803

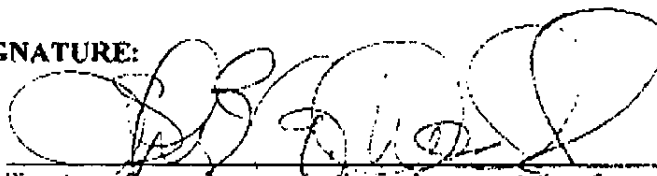
Plant City, FL 33564

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Sheri G. Dodd

Typed or printed name of signer

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR -7 PM 4:05

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)