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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Rosa Farm LLC			
		f Limited Liabi	lity Company	
The enc	osed Articles of Organization and fee(s) are submitted	for filing.	
Please re	eturn all correspondence concerning thi	s matter to the	following:	
	Andrew Cervasio			
		Name of	Person	
	Rosa Farm LLC			
		Firm/Co	mpany	
	1819 Main Street - Suite 403			
		Addr	ess	
	Sarasota, Florida 34236			
6	REW. CERVASTO	City/State an	d Zip Code	
	E-mail address: (to be u	sed for future a	nnual report notificat	ion)
For further	information concerning this matter, pl	ease call:	.	
	Andrew Cervasio	941	365-2500	×70/
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	O Filing Fee & Ed Copy Il 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 6327 Tallahassee, FL 32314]] (Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Cente	r Circle

$\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDALIMITED LIABILITY} \ \textbf{COMPANY}$

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
		، در
Rosa Farm LLC		T. :
(Must end with the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")	·
A DOMEST TO A LAND		'n
ARTICLE II - Address:		**
The mailing address and street address of the principal office of the Limited Liability Company is:		, ,
To 1 1 1 0 000 1 1 1		
Principal Office Address:	Mailing Address:	, , ,
1819 Main St Suite 403		•
Sarasota, Fl 34236		
ARTICLE III - Registered Agent, Registered Office, & Registered		
The Limited Liability Company cannot serve as its own Registered Ag	ent. You must designate an individual	or
nother business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
the name and the Fielica street address of the registered agent are:		
Andrew Cervasio		

Name

1819 Main St. - Suite 403

Florida street address (P.O. Box NOT acceptable)

Sarasota Florida 34236

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-		🚊 👼	
The name and address of each person auti	norized to manage and control the Limited Liab	ility Company: 🖯	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	5- 6	Ó
"MGR" = Manager			
Mgr	Andrew Cervasio 1819 Main St Suite 403	41	
	Sarasota, Florida 34236		
		co	
AMBR	Laurence Gershman		
	192 West Lane		
	Ridgefield, CT 06877		
AMBR	Sepher Seth Homayoon		
• 674274	6013 Stilmeadow Dr.		
	Nashville, TN 37211		
			
(Use attachment if necessary)			
**			
ARTICLE V: Effective date, if other than the date of			
(If an effective date is listed, the date must be spec	ific and cannot be more than five business da	ys prior to or 90 days	after
the date of filing.) Note: If the date inserted in this block does not me	at the applicable statutory filing requirements	this data will not be lie	ted a
the document's effective date on the Department of		uns date will not be its	icu a
the document a effective date on the Department of	State § 1000tus.		
ARTICLE VI: Other provisions, if any.			
			-
			•
REQUIRED SIGNATURE:	-1		
	1. Janes		
	ber or an authorized representative of a med in accordance with section 605.0203 (1) (b), I		
I am aware that any false in	of in accordance with section 605.0203 (1) (6), in accordance with	artment of State	
constitutes a third degree f	elony as provided for in s.817.155, F.S.		
An	MREN (FRVASPT)		
	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)