

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Brown Rock Homes, 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:
Rodrigo Grenno Name of Person
Firm/Company
1011 Oakvien Avenue Address
City/State and Zip Code
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee  \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status  Certificate of Status  (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy  (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section

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

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2015

RODRIGO GRENNO 1011 OAKVIEW AVE CLEARWATER, FL 33756

SUBJECT: R.D. HOMES, LLC Ref. Number: W15000080251

We have received your document for R.D. HOMES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 715A00026098

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
ጌ	n 1/2	man II C	
(Must end with the words	Nock Ho	npany, "L.L.C.," or "LLC.")	
(Musi cita with the words	Elimica Elabinity Con	inpany, E.E.C., or EEC.	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Lin	mited Liability Company is:	
Principal Office Add	ress:	Mailing Address:	
1011 Dalvien Ave		1011 Dakvier Ave	
Clearwater FL 337	56	Clearwater FL 337	156
(The Limited Liability Company cannot serve a another business entity with an active Florida r The name and the Florida street address of the	egistration.)	gent. You must designate an individua	il or
The name and the Florida street address of the i	registered agent are:	٥	
All the first transport of the second	Kodrigo	Grenno	
	Name ()		
Florida stre	et address (P.O. Box N	NCNU OT acceptable)	
<u>clear</u>	water FL	<u> </u>	
C	ity State	Zip	
laving been named as registered agent and to aclace designated in this certificate, I hereby accepurther agree to comply with the provisions of all smallar with and accept the obligations of my	of the appointment as reg statutes relating to the p position as registered a	gistered agent and agree to act in this c roper and complete performance of m	capacity. I y duties, and I
	(CONTINU	VED)	
	Page 1 of	72	
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" A X A D D II — -	Anthoninod Massels -	Name and Address:
"MGR" = $M$	Authorized Member anager	
	2	Daniela Grenno
		1011 Oakview Ave hue
		****
		<del></del>
	——————————————————————————————————————	
	ent if necessary)	
EV: Effective date is	e date, if other than the	date of filing:
fective date is of filing.) f the date inse iment's effecti	isted, the date must hered in this block does we date on the Department	be specific and cannot be more than five business days prior to or 90 days
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\$ 5.00 Certificate of Status (Optional)