### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0383

from:

Account Name : ROSEN ASSOCIATES Account Number : 120000000021

Phone : (305)859-4900 Fax Number

: (305)859-8882



#### LIMITED LIABILITY COMPANY

Rosen Associates Myrtle Beach, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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# ARTICLES OF ORGANIZATION FOR ROSEN ASSOCIATES MYRTLE BEACH, LLC

#### ARTICLE I

#### Name

The name of the Limited Liability Company is Rosen Associates Myrtle Beach, LEC.

#### ARTICLE II

#### <u>Address</u>

The mailing address and street address of the principal office of the Limited Liability Company is 2333 Brickell Avenue, Suite D-1, Miami, Florida 33129.

#### ARTICLE III

## Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Mary Ann Y. David, Esquire 2333 Brickell Avenue, Suite D-1 Miami, Florida 33129

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.

Wayard. Day Registered Agent's Signature

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#### (((H01000063103 5))) ARTICLE IV

#### Management (Check if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Signature of 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.)

Mary Ann Y. David

Typed or printed name of signee

SECREPATIVE STATE