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SECULARY OF SALLAHASSEE FEET SALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|---|
| The name of the Limited Liability Company is: |
| The Rose LAW FIRMIL. L.C. |
| ARTICLE II - Address: |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| 4047 OKercholer Blvd, Ste /15, West Polm Bcl, FL 33409 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: |
| Jacob A. Rose |
| To Cab A. Rose Name 1047 Okecholee Blud, Ste 1/5, West Pala Rental F1 = 23409 Florida street address (P.O. Box NOT acceptable) West Plan Beach F1 33409 City, State, and Zip |
| West Pelm Beach FL 33409 City, State, and 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 608, F.S. |
| Registered Agent's Signature |
| (An additional article must be added if an effective date is requested) |
| Signature of a member of an authorized epresentative 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.) |
| TACE A. ROSE Typed or printed name of signee |
| Filing Fees: \$100.00 Filing Fee for Articles of Organization |

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)