

# 1030000 15209

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

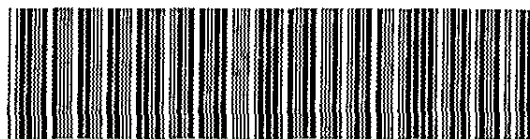
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 APR 28 AM 9:59  
TALLAHASSEE, FLORIDA

4/29  
CWS

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

April 23, 2003

Dear Sirs,

Please accept the enclosed Articles of Organization for Roman Roselawn, LLC. If any questions or concerns should arise regarding this application, you may contact my Third Party Designee, Thomas M. Taylor, CPA at 810-230-8200, 2302 Stonebridge Dr., Flint, MI 48532.

Thank you for your time and consideration.

Sincerely,



Ann Roman  
15268 Bealfred Drive  
Fenton, MI 48430  
810-516-1981

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
Roman Roselawn, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
9880 NE Gasparilla Pass, PO Box 1007, Boca Grande, FL 33921

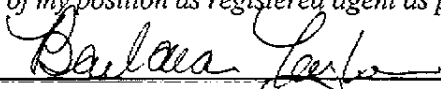
### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Barbara Taylor  
\_\_\_\_\_  
Name  
9880 NE Gasparilla Pass  
\_\_\_\_\_  
Florida street address (P.O. Box **NOT** acceptable)  
Boca Grande, FL 33921  
\_\_\_\_\_  
City, State, and Zip

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*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 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.)

Ann Roman

\_\_\_\_\_  
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)