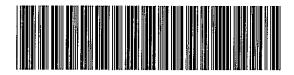
## L040000075108

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
, ,		
(Document Number)		
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Certified Copies Certificates of Statu	s	
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Special Instructions to Filing Officer:		
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10/18/04--01002--007 \*\*150.00

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## \_ CAPITAL CONNECTION, INC.

• 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Rogers Apa	Amen	ISLIC
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Signature		
Requested by:	10/15	

Will Pick Up

Walk-In

ACCURACY SEE FLORIDA

	Art of Inc. File
	LTD Partnership File
_/	Foreign Corp. File
$\overline{\checkmark}$	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
	Vehicle Search
	Driving Record
	UCC 1 or 3 File
	UCC 11 Search
	UCC 11 Retrieval
	Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALLEN S. MO. OS

ARTICLE I - Name:	<b>,</b>
The name of the Limited Liability Company is:	
Rogers Apartment	5 LLC
ARTICLE II - Address:	rincipal office of the Limited Liability Company is
The maming address and sirect address of the pr	worker office of the Diffused Disound Combana is
Principal Office Address:	Mailing Address:
200 % Joe Brewer	~
120 Baltic (inc	le OAME
Tampa, Florida	
- Tarry Piorian	
336	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the	
LIOR	TRANSON TISS
CONI D.	Brewer, Esq.
1718 E.	7th Ave
Florida street address (P.	O. Box NOT acceptable)
Tampa Cid, Stare.	H FLORIDA 33605 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, Florida Statutes.

Page 1 of 2

(CONTINUED)

Registered Agent's Signatur

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: Name and Address: Title:
"MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:

Elling Fees: \$100.60 filing Fee for Articles of Organization

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

5 5,00 Certificate of Status (Optional)

Signature of a member 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 penaltics of perjury that the facts stated herein are true.)

Typed or printed name of signee