

L040000 77909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

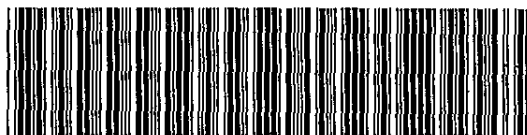
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/25/04--01085--019 **160.00

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04 OCT 25 PM 12:30
TALLAHASSEE, FLORIDA

10/27
mst



James M. Shuta
Attorney At Law

September 15, 2004

Registration Section
Department of Corporations
P.O. Box 6327
409 East Gaines Street
Tallahassee, Florida 32301-2412

Re: ROTHSCHILD FAMILY
LIMITED LIABILITY COMPANY

Gentle(wo)men:

Enclosed are the following documents which are submitted to you for the purpose of commencing this business:

1. Articles of Organization
2. Registered Agent Certificate

Also enclosed is a check in the amount of \$ 160.00 for the following:

Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

Please note in Article VIII that this Limited Liability Company COMMENCES BUSINESS UPON FILING.

Please return the certified copy and the certificate to me after recording.

Thank you for your continued assistance.

Sincerely,


James M. Shuta
Board Certified Tax Attorney

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization:

ARTICLE I
Name

The name of the Limited Liability Company is:

ROTHSCHILD FAMILY LIMITED LIABILITY COMPANY.

ARTICLE II
Address

The mailing address and street address of the Principal Office is:

2504 Gulf Blvd., #508
Indian Rocks Beach, FL 33785-3068

ARTICLE III
Business

This Limited Liability Company shall engage in the business of ownership and rental of a residential condominium.

ARTICLE IV
Duration

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue until the expiration of fifty (50) years thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V
Management

The Limited Liability Company shall be managed by its authorized Member whose name, mailing address and street address is:

David Rothschild
3550 Enterprise Road E
Safety Harbor, FL 34695

ARTICLE VI
Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without first offering to sell such interest to the other Members.

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TALLAHASSEE, FLORIDA

ARTICLE VII
Members Rights to Continue Business

The death, withdrawal of a Member, whether voluntary or involuntary, expulsion, bankruptcy or dissolution of a Member shall not terminate the Limited Liability Company, which business shall continue so long as there is at least one remaining Member.

ARTICLE VIII
Effective Date

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 21st day of October, 2004.

WITNESSES:

AUTHORIZED MEMBER:

Larry R. Williams Sr

Sign Name

Larry R. Williams Sr

Print Name

Jennie Gargi

Sign Name

JENNIE GARGI

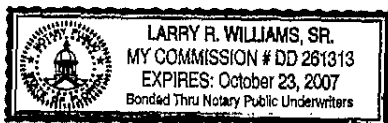
Print Name

David Rothschild
Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 21st day of October, 2004, the foregoing was acknowledged before me by David Rothschild () who is personally known to me or () who produced Driver's license as identification and who () did or () did not take an oath.



Larry R. Williams Sr
Notary Public, State of Florida

Larry R. Williams Sr
(Printed Name)
My Commission Expires: _____

Commission No. _____

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415 Florida Statutes, the undersigned LIMITED LIABILITY COMPANY, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

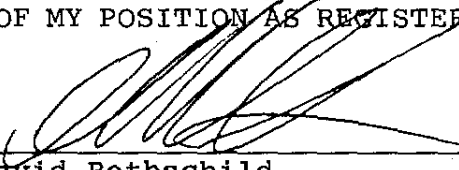
1. The name of the Limited Liability Company is:

ROTHSCHILD FAMILY LIMITED LIABILITY COMPANY

2. The name and address of the registered agent and office is:

David Rothschild
3550 Enterprise Road E
Safety Harbor, FL 34695

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.



David Rothschild
Registered Agent

Date: 10/21/04, 2004

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04 OCT 25 PM 3:05
TALLAHASSEE
SECRETARY OF STATE