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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: ROSA del MAR, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
(Name of Person)
ROSA del MAR, LLC (Firm/Company)
10065 EMERNIO COAST PKWY, WEST SUITE C-201 (Address)
DESTIN, FLORIDA 33,550 (City/State and Zip Code)
For further information concerning this matter, please call:

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ROSA GEL MAR	, LLC		<u> </u>
ARTICLE II - Address: The mailing address and street addre	ss of the principal	office of the Limited Lia	ability Cor
Principal Office Address:		Mailing Address:	
10065 EMERALD GAST PKWY	i.W.	SAME	
SUITE C-201	_ 		_
ARTICLE III - Registered Agent, The name and the Florida street addr	Registered Office		s Signatur
ARTICLE III - Registered Agent, The name and the Florida street addr	Registered Office less of the registere	d agent are:	s Signatur
ARTICLE III - Registered Agent, The name and the Florida street addr Lu. DONAL	Registered Office ess of the registered North Name	d agent are:	
ARTICLE III - Registered Agent, The name and the Florida street addr W. DONAL	Registered Office ess of the registered North Name	d agent are:	
ARTICLE III - Registered Agent, The name and the Florida street addr W. DONAL [OOLS EMS] Florida street	Registered Office ress of the registered North Name Manne MID CONST PKU t address (P.O. Box N	d agent are:	

Registered Agent's Signature

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)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: 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 penaltics of perjury that the facts stated herein are true.) Typed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

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)