Florida Department of State Division of Corporations Public Access System

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LIMITED LIABILITY COMPANY

Rocky Creek Development LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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| ARTICLES OF ORGANIZATION FOR FL | ORIDA LIMITED LIABILITY COMPANY 💈 🧢 |
| ARTICLE I - Name: The name of the Limited Liability Company is: | PLOAD OF SO |
| Rocky Crock Development LLC | 70 |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: P.O Cox 985 | Mailing Address: |
| 536 SE 897 Hvenue | P.O. Box 985 |
| Old Town, Florida 32680 | Old Town, Florida 32680 |
| ARTICLE III - Registered Agent, Registered | Office, & Registered Agent's Signature: |
| The name and the Florida street address of the re | egistered agent are; |
| Lois D. Lite | chticld |
| Name | |
| Hwy 19 Coop | |
| Florida street add | ress (P.O. Box <u>NOT</u> acceptable) |

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..

Old Town, Florida 32680 City, State, and Zip

(CONTINUED)

Page 1 of 2

ARTICLE IV-Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: | THE SHAPE OF THE S |
|---------------------------------|---|--|
| "MGRM" = Managing Member | Glern Osteen | PO W T |
| MGR | 1707 Hwy 351 South | THE TO STATE OF THE PARTY OF TH |
| 7 | Cross City, F1, 32680 | |
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| (Use attachment if necessary) | | |
| NOTE: An additional article mu | ut be added if an effective date is request | ed. |
| REQUIRED SIGNATURE: | · · · · · · · · · · · · · · · · · · · | |
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Signature of a member or an authorized representative of a member.

(In accordance with section 508,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Focus

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

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