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TRANSMITTAL LETTER

| TO: Registration S Division of Co | | • | | | |
|--------------------------------------|---------------------------------|--|--|-----------|--|
| SUBJECT: | CALLAWAYROSE | INVESTMENTS, L | LC | | |
| | (Name of Limited | d Liability Company) | | _ | |
| The enclosed Articles of | f Organization and fee(s) are s | ubmitted for filing. | | | |
| Please return all corresp | condence concerning this matte | r to the following: | | | |
| | RICHARD RO | SE Name of Person) | | | |
| | (i | | | | • |
| | CALLAWAY ROSE | E INVESTMENTS, LE | <i>LC</i> | | |
| | (| Firm/Company) | | | • |
| | 6118 BARBARI | 4 ST. | | • | |
| | | (Address) | | - | |
| | JUPITER FLOO | CIOA 33458 | | TAI | 39 · · · · · · · · · · · · · · · · · · · |
| | (City/ | State and Zip Code) | | CRE | A T |
| For further information | concerning this matter, please | call: | | IAIR (| FILED 43 |
| RICHARA | ROSE | at (56/) 747- (Area Code & Daytime Te | 2050 | E, FLORIC | 至し |
| (Name | e of Person) | (Area Code & Daytime Te | elephone Number) | DRIDA | 1 43 |
| Enclosed is a check f | or the following amount: | | | | |
| □ \$125.00 Filing Fee | | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filir Certificate of Standard Copy (additional copy is contact) | atus & | |
| Regis | EET ADDRESS: stration Section | MAILING AI Registration S | ection | | ** |

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|---|---|--|--|--|
| CALLAWAYROSE I | NVESTMENTS, LLC | The state of the | | |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the Limited Liab | oility Company is: | | |
| Principal Office Address: | Mailing Address: | | | |
| 6118 BARBARA ST. | 6118 BARBARAST. | _ | | |
| JUPITER, FL 33458 | JUPITER, FL 33458 | | | |
| ARTICLE III - Registered Agent, Register | red Office, & Registered Agent's S | Signature: | | |
| The name and the Florida street address of th | ne registered agent are: | 2005 TAL | | |
| _ CRAIG CALL | LAWAY | <u> </u> | | |
| Nai | | FILE FILE RETASSE | | |
| 1966 RED B Florida street | BANK ROAD address (P.O. Box NOT acceptable) | ED STEEFLO | | |
| NORTH PALM BEAC | H. FL 33408 | LOS F. | | |

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..

City, State, and Zip

Registered Agent's Signature

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manage "MGRM" = Manage | | Name and Address: | | |
|--|--|--|--|--|
| MGRM | enterente de la companya de la compa | RICHARD ROSE 6118 BARBARA ST. JUPITER FL 33458 | | |
| MGRM | | CRAIG CALLAWAY 1966 RED BANK RD NORTH PALM BEACH, FL 33408 | | |
| | . . | | | |
| | | | | |
| (Use attachment | if necessary) | | | |
| NOTE: An add | litional article must be | added if an effective date is requested. | | |
| REQUIRED SI | GNATURE: | en e | | |
| | | 7 SE 200 | | |
| | 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.) | | | | |
| | RICHARD. | Pose Pose □ | | |
| | Typed | or printed name of signee | | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)