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(Red	questor's Name)	, <u>, , , , , , , , , , , , , , , , , , </u>
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2005 MAR 30 AM IO: 43

J. BRYAN APR - 1 2005

## TRANSMITTAL LETTER

TO: Registration Sec Division of Corp			
SUBJECT:		ROOST, I Liability Company)	LLC
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	CRAIG	KUNISH Name of Person)	2005
	P.O.BOX		2005 MAR 30 AM 10: 43 DINIVITY CONFORATION DINIVITY COREE, FLORIDA
, <del></del>		(Address)	TIONS TONS
	LAKE LAM	ID) FL 30 State and Zip Code)	3804-1971
For further information c	oncerning this matter, please of	call:	
CRAIG (Name)	KUNISH of Person)	at (863) 815 (Area Code & Daytime Te	-3829 Elephone Number)
Enclosed is a check for	the following amount:		·
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio 409 E.	ET ADDRESS: ation Section on of Corporations Gaines Street ussee, Florida 32399	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
EGRET'S ROOST, LLC 955				
ARTICLE II - Address:				
The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:  Mailing Address:				
7/6 FOUNTAINVIEW LAKE DR. P.O. BOX 91971-19				
LAKELAND, FL 33809 LAKELAND, FL 338				
ADTICUE III Designand Agent Designand Office & Designand Agents Simplement				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:				
CRAIG KUNISH				
Name				
TILE FOUNTAINVIEW LAKE DR, Florida street address (P.O. Box NOT acceptable)				
LAKELAND FLORIDA 33809				

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..

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)



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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	DAY.
MGRM	CRAIG KUNISH P.O. BOX 919 LAKELAND, FL	71-1971
MGRM	CHARLENE BAL P.O. BOX 91971 LAKELAND, FL	1971
(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 penalties of perjury that the facts stated herein are true.)

C, KUN, 5H
Typed or printed name of signee

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)