

05/09/2005 16:41

85022 3428

CORPORATION SYSTEM

PAGE 1/02

Division of Corporations

Page 1 of 1

L05000046072

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000118027 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

RECEIVED

05 MAY -9 AM 7:52

DIVISION OF CORPORATION

FILED
2005 MAY -9 AM 10:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Joseph A. Rose Family LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

J. BRYAN MAY 10 2005

MAY-05-2005 14:09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: JOSEPH A. ROSE FAMILY LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

31 Scenic Hill Lane
Monroe, CT 06468**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

<u>CT Corporation System</u>		
Name		
<u>c/o CT Corporation System, 1200 South Pine Island Road</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Plantation</u>	<u>FL</u>	<u>33324</u>
City, State, and Zip		

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.

By: *Anthony Bertelelli* **ANTHONY BERTELELLI**
 CT Corporation System
 Registered Agent's Signature **VICE PRESIDENT**

(An additional article must be added if an effective date is requested)

Joseph A. Rose
 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.)

Joseph A. Rose, M.D.
 Typed or printed name of signer

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)