

L050000 81700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

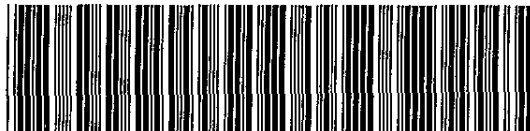
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300058723273

08/19/05--01003--012 **250.00

FILED

05 AUG 18 PM 4:26

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG 18 PM 4:15

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WARREN R. ROTH, 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:

RICHARD A. GLOVER
(Name of Person)

RICHARD A. GLOVER, CPA, PA
(Firm/Company)

POST OFFICE BOX 12612
(Address)

TALLAHASSEE, FLORIDA 32317
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD A. GLOVER at (850) 422-1042
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

FILED
05 AUG 18 PM 4:26
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

WARREN R. ROTH, LLC

ARTICLE II - Address:

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

Principal Office Address:

88 GARNER CIRCLE EAST

CRAWFORDVILLE, FLORIDA 32327

Mailing Address:

88 GARNER CIRCLE EAST

CRAWFORDVILLE, FLORIDA 32327

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

RICHARD A. GLOVER, CPA, PA

Name

1809 MICCOSUKEE COMMONS ROAD

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE, FLORIDA 32308

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, Florida Statutes..


Registered Agent's Signature

FILED
05 AUG 18 PM 4:26
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

MGRM

WARREN R. ROTH

88 GARNER CIRCLE EAST

CRAWFORDVILLE, FLORIDA 32327

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.)

RICHARD A. GLOVER

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)

FILED
05 AUG 18 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA