L05000082158

(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

700058726957

08/19/05--01011--023 **155.00

FILED
05 AUG 19 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 AUG 19 AM 11:21
[illegible]
TALLAHASSEE, FLORIDA

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED
05 AUG 19 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. THREE ROSES, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

CR2E031(7/97)

FILED
05 AUG 19 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
THREE ROSES, LLC

PREAMBLE

The undersigned hereby adopts these Articles of Organization effective upon the date of filing with the Secretary of State of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is:

THREE ROSES, LLC

ARTICLE II
ADDRESS OF OFFICE AND AGENT

2.1 Place of Business. The initial business and mailing address of the Company is: 945 Alfonso Avenue, Coral Gables, Fl 33134, or such other place or places as the Member may designate from time to time.

2.2 Registered Agent. The initial Registered Agent of the Company is: Maria Bermudez, whose address is 945 Alfonso Avenue., Coral Gables, Fl 33134.

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.

Maria Bermudez

ARTICLE III
MANAGEMENT

The Company shall be Manager – Managed. The name of the Managing Member is: Patricia Compres

ARTICLE IV
EFFECTIVE DATE

The effective date of this limited liability company shall be the day that it is registered with the Florida Department of State.

Patricia Compres

Maria Bermudez

(In accordance with section 608-408(3), Florida Statutes, the execution or this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PATRICIA COMPRES, Member
Typed or printed name of signee

MARIA BERMUDEZ, Member
Typed or printed name of signee