L0000015829

(Re	equestor's Name)			
(Ac	idress)			
(Ad	ldress)	,		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	··· . · •			

Office Use Only



200078076032

07/31/06--01009--014 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

M

COVER LETTER

Division of Co			
SUBJECT: Rossi	moor Enterprises, LL	.C	
		d Liability Company)	<u> </u>
•	•		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	John J. Bleidt		
	,	Name of Person)	
	Attorney at Law		
`		Firm/Company)	
	105 S. Sherrin Av	venue	,
		(Address)	
	Louisville, KY 40	0207	
· · · · · · · · · · · · · · · · · · ·		/State and Zip Code)	
For further information Jöhn J. Blei	concerning this matter, please	56212	
	of Person)	at (502) 896-2 (Area Code & Daytime Te	
(Maine	of reison)	(Alea Code & Dayline 1)	Erephone (Number)
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle $\overrightarrow{A}S$

06 AUG 31 PM 2: 34
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rossmoor Enterpris	es, LLC	
Must end with the words "Limited Liability Comp		LC," or "L.C.,")
ARTICLE II - Address:		
he mailing address and street address	of the principal office of the Limited	Liability Compan
rincipal Office Address:	Mailing Address:	
6953 Lone Oak Blvd.	4919 Rossmoor Dr.	
Naples, Florida 34109 Louisville, KY 4		219
business entity with an active Florida registration. The name and the Florida street addres John J	of the registered agent are: Bleidt Name	OG AUG 31 PH SECRETARY OF ALLAHASSEE, F
	ne Oak Blvd.	ST 2:
Florid	street address (P.O. Box <u>NOT</u> acceptable)	2: 31 STATE LORID
Naples	FL 34109	A
C	y, State, and Zip	
registered agent and agree to act in this statutes relating to the proper and ear accept the obligations of my position	ated in this certificate, I hereby accept	t the appointment a vith the provisions of am familiar with a

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Daniel Clarkson MGRM 4919 Rossmoor Drive Louisville, KY 40219 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) Daniel Clarkson Typed or printed name of signee

Filing Fees:

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

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)