

L07000077985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

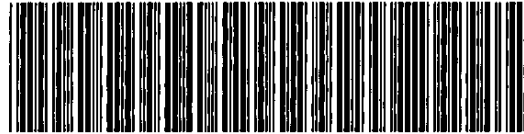
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 JUL 27 A 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Root Strategic Partners, 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:

William J. Voges

(Name of Person)

Root Strategic Partners, LLC

(Firm/Company)

275 Clyde Morris Boulevard

(Address)

Ormond Beach, FL 32174

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sharon H. Romano

(Name of Person)

at (386) 671 4908

(Area Code & Daytime Telephone 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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Root Strategic Partners, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

275 Clyde Morris Boulevard
Ormond Beach, FL 32174

Mailing Address:

275 Clyde Morris Boulevard
Ormond Beach, FL 32174

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

William J. Voges

Name

275 Clyde Morris Boulevard

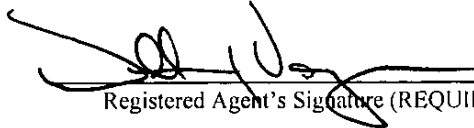
Florida street address (P.O. Box **NOT** acceptable)

Ormond Beach, FL 32174

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

MGR

William J. Voges
275 Clyde Morris Boulevard
Ormond Beach, FL 32174

MGR

Eileen M. Dittbenner
275 Clyde Morris Boulevard
Ormond Beach, FL 32174

MGR

Philip Maroney
275 Clyde Morris Boulevard
Ormond Beach, FL 32174

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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.)

William J. Voges

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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2007 JUL 27 A 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Root.

275 Clyde Morris Boulevard
Ormond Beach, Florida 32174
Tel 386 671 4888
Fax 386 671 3888

July 26, 2007

Via Federal Express - Standard

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2007 JUL 27 A 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Registration of Limited Liability Company

Dear Sir or Madam:

Enclosed please find Cover Letter and Articles of Organization for Root Strategic Partners, LLC., along with our check in the amount of \$130.00 to cover the filing fee and Certificate of Status.

Please proceed to register this company and return the Certificate of Status to the undersigned.

Thanking you in advance for all courtesies, I am,

Sincerely yours,



Sharon Romano
Legal Secretary

/shr

Enc.