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(Re	equestor's Name)			
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## **COVER LETTER**

TO: Registration Solution of Co.			
SUBJECT:	Rocky By	ed Liability Company)	LL.C
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspondent	ondence concerning this matt	er to the following:	
	Rocky T	(Name of Person)	· · · · · · · · · · · · · · · · · · ·
	Rocky	Syrum (Firm/Company)	7 <u>8</u>
20	20 7211		PO AUG
	70 Balland	(Address)	SET - F
Te	ellahassee F	L S2305	E.F.S.
	(City	y/State and Zip Code)	; 37 IATE ORID
For further information of	concerning this matter, please	call:	<b>&gt;</b> '
Rocky	of Person)	at ( <u> ろ</u> らと) <u> </u>	2962_
Enclosed is a check fo	r 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 Ci Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Rocky Byrum  (Must and with the words "Limited Liability	y 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:	Mailing Address:			
3870 Ballandred Tullahassee FL	Same			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	red Agent. You must designate an individual or another			
Rocky By Name  3870 Ballow	WETAKY AHASSE			
	ess (P.O. Box NOT acceptable)  FL 32363  d Zip			
liability company at the place designated in the registered agent and agree to act in this capacity	ecept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with			

(CONTINUED)

Registered Agent's Signature (REQUIRE

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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:**

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

Filing Fees:

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

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

nature of a member or an authorized epresentative 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

Typed or printed name of signee