

LO7000079255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

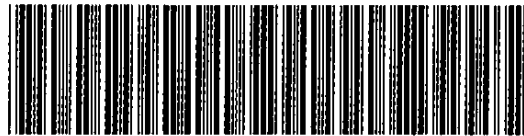
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG - 1 PM 12:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RoseArt Studio, 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 M. Rose

(Name of Person)

RoseArt Studio, LLC

(Firm/Company)

42769-172 US 27

(Address)

Davenport, FL 33837

(City/State and Zip Code)

For further information concerning this matter, please call:

William M. Rose

(Name of Person)

at (863)

424-0928

(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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG - 1 PM 12:02

ARTICLES OF ORGANIZATION
OF

RoseArt Studio, LLC

ARTICLE I - NAME

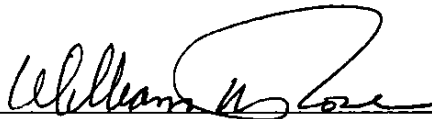
The name of this limited liability company is RoseArt Studio, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is
42769-172 US 27, Davenport, FL 33837

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is
42769-172 US 27
Davenport, FL 33837 and the name of the initial registered agent of the Company at
that address is William M. Rose.



Signature of a Member or an Authorized
Representative of a Member

William M. Rose, MGR

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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.

