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| (Requestor's Name)                      |  |
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| (City/State/Zip/Phone #)                |  |
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| PICK-UP WAIT MAIL                       |  |
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| (Business Entity Name)                  |  |
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| (Document Number)                       |  |
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| Certified Copies Certificates of Status |  |
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| Special Instructions to Filing Officer: |  |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## COVER LETTER

| TO: Registration Section Division of Corporations   |  |  |
|---|--|--|
| SUBJECT: Rock Bottom Development  |  |  |
| (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:   |  |  |
| Andre Brown (Name of Person)  |  |  |
| (Name of Person)  |  |  |
| Rock Boffon Development (Firm/Company)  |  |  |
| (Firm/Company)  |  |  |
| #30 SW 204th Sf (Address)   |  |  |
|   |  |  |
| Miami, FL 33/89 (City/State and Zip Code)   |  |  |
| (City/State and Zip Code)   |  |  |
| For further information concerning this matter, please call:  |  |  |
| Andre Brown at (305) 231 0037  (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |
| Enclosed is a check for the following amount:   |  |  |
| \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ 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 |  |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| (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: |  |  |
|--|--|--|
|  |  |  |
| 8830 SW 204 <sup>th</sup> St<br>Mianni, FL 33189   | 1147 SW 444 St Apt# (<br>Migmi, FL 33130   |  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)                                      |  |  |
| The name and the Florida street address of the re  |  |  |
| Andre Brown  |  |  |
| Name   |  |  |
| 8830 SW 204th St   |  |  |
| Florida street address (P.O. Box NOT acceptable)   |  |  |
| Miami, FL  | FL 33189   |  |
| City, State, a   | nd Zip   |  |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per   | accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S. |  |
| 1 1  |  |  |

(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:

| ' <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member   | Name and Address:  |  |  |
|--|--|--|--|
| MGRM   | Andre Brown  8830 SW 204th St  Michigani, FL 33/89   |  |  |
| MBRM   | Tania Vahoska Corea<br>1147 S.W. 4Hr. Stapf #1<br>Miami, Fl 33136  |  |  |
|  |  |  |  |
| (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 memb  | de Bion-<br>er or an authorized representative of a member.  |  |  |
| (In accordance with see of this document cons that the facts stated  | ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) |  |  |
| - Andr   | yped or printed name of signee   |  |  |
| Filing Fees:   | 2007 <br>SEC<br>TALL   |  |  |

\$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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SECRETARY OF STATE