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SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE
MAY - 5 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Rose, Counseling and Family Enrichment Services 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:
Rosa C. Ramirez, LCSW
(Name of Person)
(Firm/Company)
1407 Storington Ave
(Address)
Brandon, FL 33511
(City/State and Zip Code)
For further information concerning this matter, please call: Rosa C. Ramirez, LCSW (Name of Person) (Area Code & Daytime Telephone Number)
Rosa C. Ramirez, LCSW at 813 817-5029
أسلمح
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \sum \\$155.00 Filing Fee & \sum \\$160.00 Filing \(\frac{1}{1000} \) \$\frac{1}{1000} \) 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:

The Rose, Counseling and Family Enrichment Services 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:	Mailing Address:	
1407 Storington Ave	1407 Storington Ave	
Brandon, FL 33511	Brandon, FL 33511	
1407 Storington Florida str Brandon, FL 335	f the registered Agent. You must designate an indiversity of the registered agent are: Z, LCSW Name AVE Peet address (P.O. Box NOT acceptable)	

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 (REQUIREL

(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:		Name and Address:		
"MGR" = Man				
MOKWI - M	anaging Member			
MGR		Rosa C. Ramirez, LCSW		
		1407 Storington Ave	······································	
		Brandon, FL 33511		
MGRM		Heriberto Rivera		
		1407 Storington Ave		
		Brandon, FL 33511		
				
				
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