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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 3 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	ECT: Row	lands PM, LLC				
		(Name of Limit	ed Liability Compan	y)		
The en	closed Articles of	Organization and fee(s) are	submitted for filing.			
Please	return all corresp	ondence concerning this matt	ter to the following:			
	Ken Aren	a, EA				
			(Name of Person)			
	Ken Aren	a Accounting & Ta	ax Service			
			(Firm/Company)		E	
	912 Lithia	Pinecrest Road			AH) ALG
			(Address)		ASSI	3
	Brandon,	FL 33511-6121			# 02 EE 02	
		(Cit	y/State and Zip Code)		STA LOR	<u> </u>
For fur	ther information	concerning this matter, please	e call:		ID _A	36
Ker	n Arena		at (813)	341-25	501	
	(Name	of Person)	(Area Code	& Daytime Tele	phone Number)	
Enclos	sed is a check fo	r the following amount:				
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy i	Y	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	itus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bui 2661 Execu	f Corporations		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Rowlands PM, LLC (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address o		Liability Company is:			
Principal Office Address:	Mailing Address:				
1043 Summer Breeze Drive	1043 Summer Breeze Drive				
Brandon, FL 33511-4082	Brandon, FL 33511-4082				
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	wn Registered Agent. You must designate an ind				
The name and the Florida street address	of the registered agent are:	TALS			
Ken Arena, EA	4	ECR LA			
	Name	IAN HAN			

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..

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

_{FL} 33511-6121

Registered Agent's Signature (REQUIRED)

City, State, and Zip

912 Lithia Pinecrest Road

Brandon,

(CONTINUED) Page 1 of 2

EFFECTIVE DATE 1 28 09

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Andrew J. Rowlands
	1043 Summer Breeze Drive
	Brandon, FL 33511-4082
MGRM	Joanne Rowlands
	1043 Summer Breeze Drive
	Brandon, FL 33511-4082

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>January 28, 2009</u>. (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.)

Andrew J. Rowlands

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 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)