

**LO9000014827**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/26/09--01013--005 \*\*100.00

02/13/09--01016--019 \*\*25.00

**FILED**  
09 FEB 12 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

FEB 13 2009

**EXAMINER**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Rocky Mountain High Hospitality, 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:

**Bernard J. Fitzpatrick**

(Name of Person)

**Rocky Mountain High Hospitality, LLC**

(Firm/Company)

**Post Office Box 789**

(Address)

**Okeechobee, Florida 34973-0789**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Bernard J. Fitzpatrick**

(Name of Person)

at ( **863** ) **532-9555**

(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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**TALLAHASSEE, FLORIDA**

*Rocky Mountain High Hospitality*

PO Box 789

Okeechobee, Florida 34973

863.532.9555

Deborah Bruce  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

February 10, 2009

Re: Letter Number 809A00003795

Dear Ms. Bruce:

As per your request I am filing for a new LLC for Rocky Mountain High Hospitality. Request is enclosed.

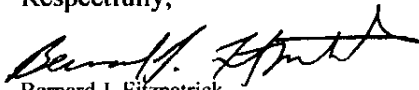
I have enclosed TWO checks, the first one is for Twenty Five dollars, if possible use my \$100. credit for the new filing. The second one is for \$125.00 in the event you are not able to use my credit. I have enclosed a stamped envelope for the return of the unused check.

If the \$100 credit is not used for the new filing, please refund the money to the below;

Bernard J. Fitzpatrick  
PO Box 789  
Okeechobee, FL 34973-0789

Thank you for your help in this matter. If any other information is needed I can be reached at 863.532.9555.

Respectfully,

  
Bernard J. Fitzpatrick

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09 FEB 12 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2009

ROCKY MOUNTAIN HIGH HOSPITALITY, LLC  
P.O. BOX 789  
OKEECHOBEE, FL 34973-0789

SUBJECT: ROCKY MOUNTAIN HIGH HOSPITALITY, LLC  
Ref. Number: L03000031533

We have received your document for ROCKY MOUNTAIN HIGH HOSPITALITY, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above reference company was voluntarily dissolved 3/13/08, a revocation of dissolution can only be filed within 120 days of that date. Therefore the attached revocation of dissolution cannot be filed.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 809A0000379

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Rocky Mountain High Hospitality, 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:

1498 Southeast 21 Street  
Okeechobee, Florida 34974

#### Mailing Address:

Post office Box 789  
Okeechobee, Florida 34973-0789

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Bernard J. Fitzpatrick

Name

1498 Southeast 21 Street

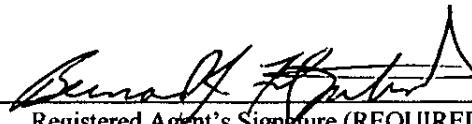
Florida street address (P.O. Box **NOT** acceptable)

Okeechobee, Florida 34974

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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 (REQUIRED)

(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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Bernard J. Fitzpatrick

(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 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.)

**Bernard J. Fitzpatrick**

Typed or printed name of signee

**FILED**  
09 FEB 12 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**