(Re	questor's Name))		
(Ad	dress)			
- (Ad	dress)			
(Cit	y/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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G. MCLEOD

APR - 7 2009

EXAMINER



800148512598

04/06/09--01030--004 **130.00

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Rock Rooss R	ECORDS LLC	
		Liability Company)	
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matter	r to the following:	
	TIMOTHY GREY	lame of Person)	
	Rock Roots P	TOTADS Firm/Company)	
	7640 S. TAMI	Am (TRAIL (Address)	
···	SARASOTA, FL		
	(0.14)		
For further information	concerning this matter, please of	eall:	
(Nam	t KtZU (ne of Person)	at (941) 465 - 30 (Area Code & Daytime Tele	phone Number)
Enclosed is a check	for the following amount:		
\$125.00 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	nited Liability Compa	ny is:		
j,	ZOCIC DOOTS	DECORDS LL	C	
(Mus	et end with the words "Limited	d Liability Company, "L.	L.C.," or "LLC.")	<u></u>
ARTICLE II - Add The mailing address	iress. and street address of	the principal office	of the Limited Lia	bility Company is:
Principal Office Ac	ddress:	Mailing Ac	ddress:	
7640 COUTH SARA SOTA	TAMIAMI TRAIL, FL 34231	7640 SARASC	SOUTH TAMIAMI STA, FL 34231	TRAIL
(The Limited Liability Cor susiness entity with an ac	gistered Agent, Regis npany cannot serve as its own tive Florida registration.) Iorida street address of	n Registered Agent. You i	must designate an individ	
	_	_	nt dic.	
TIMOTHY KOLY Name			d	
	7640 Sour	TH TAMIAMI T	- (RA)	P
		eet address (P.O. Box]		<u>ა</u>
-	SARASOTA City, S	FL 34 State, and Zip	23/	-
liability company registered agent and statutes relating to	d as registered agent any at the place designated agree to act in this can the proper and complations of my position as	ed in this certificate, pacity. I further ag ete performance of i	I hereby accept the ree to comply with t my duties, and I am	e appointment as the provisions of al. familiar with and

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

2TICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Aggree	
MGR	TIMOTHY KENY 7640 SOUTH TAMIAMI TRAIL SARASOTA, FR 34231	
, ose attachment if nec	• •	
ARTICLE V: Effective date, If an effective date is listed, to or yo days after the date of	other than the date of filing: (O e date must be specific and cannot be more than five busifiling.)	PTIONAL) iness days prior
REQUIRED SIGNA	URE:	
(In a of th	cordance with section 608.408(3). Florida Statutes, the execution document constitutes an affirmation under the penalties of perjuing the facts stated herein are true.	
UR	TIMOTHY NELL KETY 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)
- \$ 5.00 Certificate of Status (Optional)