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(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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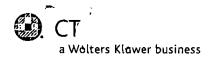
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B. KOHR

OCT - 1 2009

EXAMINER

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CT

1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

October 1, 2009

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

1.

Re: Order #; 7669367 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Rosebriar Real Estate, LLC (FL) Formation Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM **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: **Principal Office Address: Mailing Address:** SAME 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: C T Corporation System Name 1200 South Pine Island Road Florida street 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..

City, State, and Zip

By: Hward L Volume (REOWIRED)

Plantation

Howard L. Volz Asst. Secretary

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(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 Mem	Name and Address:
MGRW — Wanaging Well	Dino C. Coppola 1616 S. Voss Rd., Suite 450 Houston TX 77057
MGR	John Howe 1120 Post Rd., 2nd Fir. Darien, CT 06820
MGR	Jack Field 1120 Post Rd., 2nd Fir. Darien, CT 06820
(Use attachment if necessary	
ARTICLE V: Effective date, if other	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	:
Signature of	f a member of an authorized representative of a member.
(In accordan of this docu	ce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury

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)

that the facts stated herein are true.)

ALLISON HANSLIK

Typed or printed name of signee