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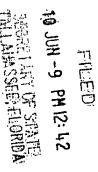
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		

Office Use Only



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TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: Rocky Desert Enterprises L.L.C.		
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:		
David Arnold		
Name of Person		
Rocky Desert Enterprises L, L C		
Firm/Company		
200 Country Club Drive #1107		
Address		
Largo,FI 33771		
City/State and Zip Code		
ace1125@tampabay.rr.com		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please call:		
at (
Name of Person Area Code &	Daytime Telephone Number	
Enclosed is a check for the following amount:		
☑\$125.00 Filing Fee	Certificate of Status &	
Registration Section Registration Division of Corporations Division of P.O. Box 6327 Clifton Bui	Corporations Iding ative Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	t e	
Rocky Desert Enterprises L.L.C.		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	principal office of the Limited Liability Company is:	
Delegies Address	75 W. A.1.	
Principal Office Address:	Mailing Address:	
200 Country Club Drive 1107	200 Country Club Drive 1107	
Largo, FL 33771	Largo,FL 33771	
	- The state of the	
ADTICLE III Degistered Agent Degistere	d Office & Degistered Agent's Signature	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi	istered Agent. You must designate an individual or another 📜 😽	
business entity with an active Florida registration.)		
The name and the Florida street address of the	Sign and a	
5 15		
<u> vavia</u>	/1/No I//	
Name	, 10 月10万 豊瀬 む	
200 Country Club Dr.		
Florida street address (P.O. Box NOT acceptable)		
Largo FL 337/1		
City, State, and Zip		
Having been named as registered agent and to	accept service of process for the above stated limited	
	this certificate, I hereby accept the appointment as	
	ty. I further agree to comply with the provisions of all	
	verformance of my duties, and I am familiar with and	
accept the obligations of my position as reg	istered agent as provided for in Chapter 608, F.S	
W d h	$\sqrt{}$	
Registered Agent's Signa	iture (REQUIRED)	
(CONT	'INUED)	
(00.1.2	·- -	

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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" = Manager "MGRM" = Managing Member (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:**

Filing Fees:

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

that the facts stated herein are true,)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

Typed or printed name of signee