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SECRETARY OF STATE

S. HAWKES

SEP 0 8 2010

EXAMINER

S. HAWKES

COVER LETTER

	egistration S ivision of Co			
		•		e e e e e e e e e e e e e e e e e e e
SUBJECT	: Carmine	Rose LL	.C	
SCHULCI			ted Liability Company	
The enclos	ed Articles o	f Organization and fee(s) are	submitted for filing.	
Please retu	rn all corresp	ondence concerning this man	tter to the following:	
Ro	se Michel f	Paulk Paulk		
			Name of Person	
_		_		
<u>Ca</u>	rmine Rose	Corporation, LLC	P: /0	
			Firm/Company	
202	2 Nathey St	treet		
			Address	
Nic	eville, FL 3	2578		
		Cit	ty/State and Zip Code	
mic	keysbees@			
		E-mail address: (to be used	for future annual report notification)	
For further	information (concerning this matter, pleas	e call:	
Rose Mic	hel Paulk		at (850) 678-2890	
	Name o	of Person	Area Code & Daytime Telepho	one Number
Enclosed is	s a check fo	r the following amount:	• •	
□ \$125.00 F	îlling Fee	□\$130.00 Filing Fee & Certificate of Status	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 Circ	le

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	me: imited Liability Comp	any is:	10 SEP
Carmine Rose	, LLC_		P-1 R
(M	ust end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	の意味
ARTICLE II - Ao		f the principal office of the Limite	d Liabil Company is:
Principal Office	Address:	Mailing Address:	
202 Nathey Street		202 Nathey Street	
Niceville, FL 32578		Niceville, FL 32578	
The Limited Liability C business entity with an	Company cannot serve as its ovactive Florida registration.)	istered Office, & Registered Age wn Registered Agent. You must designate an of the registered agent are:	
	Rose Michel Paulk		
		Name	
	202 Nathey Street		
	Florida s	treet address (P.O. Box <u>NOT</u> acceptable))
	Niceville	_{FL} 32578	
		City, State, and Zip	•

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:

GR" = Manager GRM" = Managing Member	ان المان
<u>GRM</u>	Rose Michel Paulk
	202 Nathey Street
	Niceville, FL 32578
	
se attachment if necessary)	
e attachment ii necessary)	
V: Effective date, if other than the	date of filing: (OPTION
tive date is listed, the date must be	e specific and cannot be more than five business da
ys after the date of filing.)	
QUIRED SIGNATURE:	
	
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L sen	The second secon

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Rose Michel Paulk

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)