

L10000132052

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

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DEC 29 2010

EXAMINER



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FILED
10 DEC 27 PM 12:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Jerry LaRose, 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:

Jerry LaRose

Name of Person

Jerry LaRose, LLC

Firm/Company

5035 Coveview Dr.

Address

Saint Cloud, FL 34771

City/State and Zip Code

jerry@jerrylarose.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry LaRose

Name of Person

at (407) 964-1240

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

Florida Dept. of State

Division of Corporations

Fax-850-245-6030

Reference: Jerry LaRose, LLC Number W10000052216

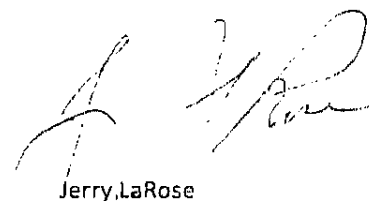
Your letter number 010A00026272 states there is a conflict.

Please be advised that Jerry LaRose, P.A is also my company, therefore it is one of the same.

Document P05000144853 is also my company. I use this company as my commission based company and plan on using the other name to purchase property.

I spoke with someone in your office and they said to just send this letter to explain that I owned both and would like to register the Jerry LaRose, LLC

Please call with questions.



Jerry LaRose

5035 Coveview Dr.

Saint Cloud, Fl. 34771

407-580-7011

FILED
10 DEC 27 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jerry LaRose, 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:

5035 Coveview Dr.
Saint Cloud, Fl. 34771

Mailing Address:

5035 Coveview Dr.
Saint Cloud, Fl. 34771

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:

Jerry LaRose

Name

5035 Coveview Dr.

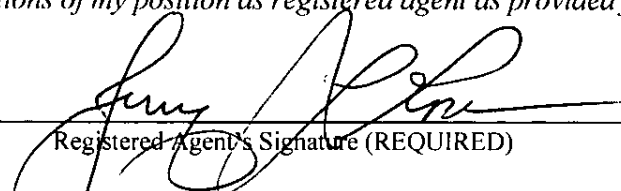
Florida street address (P.O. Box **NOT** acceptable)

Saint Cloud FL 34771

City, State, and Zip

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10 DEC 27 PM 12:21
CLERK OF STATE
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)

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

Jerry LaRose


5035 Coveview Dr.

Saint Cloud, Fl. 34771

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2011. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JERRY LAROSE

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)