

L120000027099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000222793500

02/24/12--01017--017 **160.00

EFFECTIVE DATE

2/1/12

FILED

12 FEB 24 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen FEB 27 2012

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Rocker Home Solutions, 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:

Edwin 'Chip' Rocker

Name of Person

Firm/Company

1204 Crabapple Ct.

Address

St. Johns, FL 32259

City/State and Zip Code

kristinrocker@comcast.net

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

For further information concerning this matter, please call:

Chip or Kristin Rocker

Name of Person

at (904) 287-8759

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rocker Home Solutions, 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:

1204 Crabapple Ct.
St. John, FL 32259

Mailing Address:

1204 Crabapple Ct.
St. Johns, FL 32259

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:

Chip Rocker
Name

1204 Crabapple Ct.

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

St. Johns, FL 32259
City, State, and Zip

FILED
12 FEB 24 PM 12:46
SECRETARY 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..

Chip Rocker

Registered Agent's Signature (REQUIRED)

(CONTINUED)