# L12000130850

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Effective Date 10/7/12

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SECKETARY OF STATE DIVISION OF CORPORATIONS

OCT 1 5 2012 T. HAMPTON

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Rock Wall Homes LLC	
SCHOLET.	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
David Frerking	
	Name of Person
Rock Wall Homes LLC	
	Firm/Company
915 E. Alfred St.	
	Address
Tavares Fl. 32778	
Ci	ty/State and Zip Code
E mail address to be used	for future annual report notification)
·	
For further information concerning this matter, pleas	se call:
David Frerking	at (352 ) 223-3556
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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
22	

## Effective Date 10/7/12

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Rock Wall Homes LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
915 E. Alfred St.	
Tavares, Fl.	
32778	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
David Frerking	
Name	<del></del>
919 E. Alfred St.	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Tavares	<sub>FL</sub> 32778
City, Sta	te, and Zip
	accept service of process for the above stated limited his certificate, I hereby accept the appointment as

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 Me

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	r
MGR	David Frerking
	919 E. Alfred St.
	32778
(Use attachment if necessary)	
(Ose attachment if necessary)	
	an the date of filing: 10-07-2012 . (OPTION
LE V: Effective date, if other th	
	nust be specific and cannot be more than five business da
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fective date is listed, the date n days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a	nust be specific and cannot be more than five business da

David	Frerking	
	Typed or printed name of signee	
Filing Fees:		·
\$125.00 Filing Fee for Artic of Registered Age	cles of Organization and Designation	
\$ 30.00 Certified Copy (Op	otional)	
\$ 5.00 Certificate of Statu	ıs (Optional)	

Page 2 of 2