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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

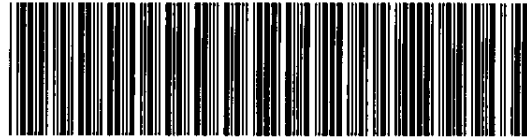
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12 OCT 15 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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October 15, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Filing

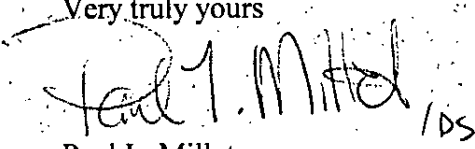
Re: Sam D. Roth Family LLC

Dear Registration Section:

Enclosed herewith please find an original **Cover Letter and Articles of Organization For Florida Limited Liability Company** which requires filing with your Office. Please file the original and return same in the self-addressed, stamped envelope provided for your convenience. I have enclosed a check in the amount of \$125.00 to cover the filing fee in connection with this matter.

If you should have any questions in connection with the foregoing, please feel free to contact me.

Very truly yours


Paul L. Millet

PLM/dls

Enc.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sam D. Roth Family 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:

Paul L. Millet, Esq.

Name of Person

Millet and Weisman

Firm/Company

25550 Chagrin Blvd., #403

Address

Beachwood, OH 44122

City/State and Zip Code

plmesq@aol.com

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

For further information concerning this matter, please call:

Paul L. Millet, Esq.

Name of Person

at (216) 765-1188

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:

Sam D. Roth Family 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:

380 Gulf of Mexico Drive #526
Longboat Key, FL 34228

Mailing Address:

380 Gulf of Mexico Drive #526
Longboat Key, FL 34228

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:

Sam D. Roth

Name

380 Gulf of Mexico Drive #526

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

Longboat Key FL 34228

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.

Sam D. Roth

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Sam D. Roth

380 Gulf of Mexico Drive #526

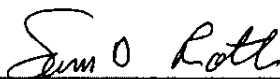
Longboat Key, Florida 34228

(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:



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.)

Sam D. Roth

Typed or printed name of signer

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)