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(Re	equestor's Name)	
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Effective Date /-/-2013

11/13/12--01007--001 **125.00

BLLAHASSEE EL SAL

J. SAULSBERRY EXAMINER NOV 14 2012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ROCK LOBSTER BUNGALOW 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:	
BRIAN CORNACCHIA	
Name of Person	
Firm/Company	
731 NE 1QTH TERRACE #18	
Address	5 . B
SOYNTON BEACH, FL 33435	BE NOV 13
City/State and Zip Code [CODe 1000 14 3 00 1 COM	3
E-mail address: (to be used for future annual report notification)	~ -
For further information concerning this matter, please call:	
DRIAN CORNACCHIA at 561 351-3549	12 REA
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{\$130.00 Filing Fee & Certified Copy Certificate of Status} \text{\$Certified Copy (additional copy is enclosed)} \$Certified Copy (additional copy is enclosed)	f Status &
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:

ROCK LOSS TER SUN (Must end with the words "Limited Liabil	SCALOW LLC lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
731 NE 19TH TERRACE #8 BOTN TON SEACH, FL 2343.	SAME S	
LOYN TON (SEAC) City, St Having been named as registered agent and to	registered agent are: NACHA TEARACE #8 Idress (P.O. Box NOT acceptable) Accept service of process for the above stated this certificate, I hereby accept the appointments	2912 NOV 13 AH & 2
statutes relating to the proper and complete pe		ith and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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.)

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)