

L12000160143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

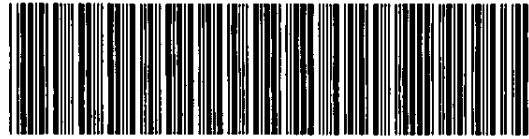
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DEC 20 2012

EXAMINER



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12/21/12--01015--024 \*\*125.00

EFFECTIVE DATE 1/1/2013

FILED  
12 DEC 21 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DONALD ALVIN ZIELSDORF, JR.**  
**305 KEPNER DRIVE, NE**  
**FORT WALTON BEACH, FL 32548**

December 18, 2012

EFFECTIVE DATE

1/1/2013

Florida Secretary of State (Corporations)  
P. O. Box 6327  
Tallahassee, FL 32314

Subj.: Relinquishment of Corporation

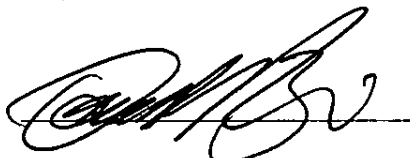
Dear Sir/Madam,

**FILED**  
12 DEC 21 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I am the owner of **ROLLING IMPRESSIONS, LLC**, a Florida limited liability corporation Number L11000008256 currently under Admin Dissolution. I have no further interest in or intention of reinstating this corporation and request that you release the corporation and remove it from my name.

Please change your records to reflect this release.

Yours truly,



Donald Alvin Zielsdorf, Jr.

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**EFFECTIVE DATE** 1/1/2013

**SUBJECT: ROLLING IMPRESSIONS, 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:

**RONALD E. HALE, SR.**

Name of Person

**ROLLING IMPRESSIONS, LLC**

Firm/Company

**21 Miracle Strip Parkway, SE**

Address

**FORT WALTON BEACH, FL 32548**

City/State and Zip Code

**RONHALESR@GMAIL.COM**

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

For further information concerning this matter, please call:

**RONALD E. HALE, SR.** at **850** **244-1400**

Name of Person

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EFFECTIVE DATE 11/1/2013

ROLLING IMPRESSIONS, 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:**

21 Miracle Strip Parkway, SE  
Fort Walton Beach, FL 32548

**Mailing Address:**

21 Miracle Strip Parkway, SE  
Fort Walton Beach, FL 32548

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TALLAHASSEE, FLORIDA

**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:

RONALD E. HALE, SR.  
Name

21 Miracle Strip Parkway, SE  
Florida street address (P.O. Box **NOT** acceptable)  
Fort Walton Beach, FL 32548  
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..*

  
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

Ronald E. Hale, Sr.  
21 Miracle Strip Parkway, SE  
Fort Walton Beach, FL 32548

MGR

Jennifer F. Hale  
21 Miracle Strip Parkway, SE  
Fort Walton Beach, FL 32548

\_\_\_\_\_

\_\_\_\_\_

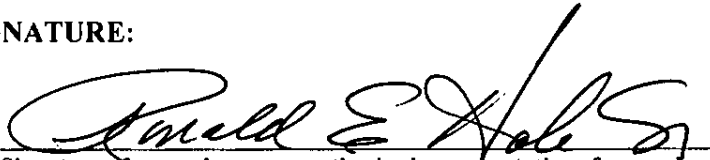
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 1, 2013. (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.)

Ronald E. Hale, Sr.  
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)**