

L13000695838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

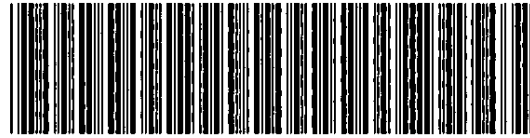
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/13/13--01005--003 **155.00

Effective Date

7/1/13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL -3 PM 1:28

JUL 5 2013
T. HAMPTON

013-34660

(850) 245-6051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rose Cut 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 Rose

Name of Person

Rose Cut LLC.

Firm/Company

5940 Pelican Bay Plaza S. Unit 402

Address

Gulfport, FL 33707

City/State and Zip Code

Briane.c.rose@gmail.com

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

For further information concerning this matter, please call:

Brian ROse

Name of Person

at (727) 7713186

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 JUL 3 AM 6:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 14, 2013

BRIAN ROSE
5940 PELICAN BAY PLAZA S
UNIT 402
GULFPORT, FL 33707

SUBJECT: ROSE CUT LLC
Ref. Number: W13000034666

We have received your document for ROSE CUT LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 14, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00015016

Effective Date 7/1/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brian Rose 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:

Mailing Address:

5940 Pelican Bay Plz. S
Suite 402
Gulfport, FL 33707

5940 Pelican Bay Plz. S.
Suite 402
Gulfport, FL

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:

Brian Rose
Name

5940 Pelican Bay Plz. S Unit 402
Florida street address (P.O. Box NOT acceptable)
Gulfport, FL 33707
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..

[Handwritten Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

President

Brian Rose

5940 Pelican Bay Plz S. Unit 402

Gulfport, Fl 33707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07-01-2013, (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.)

Brian Rose

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)

FILED
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DIVISION OF CORPORATIONS
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