

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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From:

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Email Address: _____

FLORIDA LIMITED LIABILITY CO.
ROSAN LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
 OCT -9 AM 10:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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OCT 10 2013

T. HAMPTON

08/21/2031 04:59

#0624 P.002/003

FROM : Francisco Reyes

FAX NO. : 954 4376459

Oct. 09 2013 02:21PM P3

H13000225269

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROSAN 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:

1516 MIRA VISTA CIRCLE
WESTON, FL 33327

Mailing Address:

1516 MIRA VISTA CIRCLE
WESTON, FL 33327

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:

FRANKLIN HENRY REYES

Name

1516 MIRA VISTA CIRCLE

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

WESTON FL 33327

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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FROM : Francisco Reyes

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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:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

FRANKLIN HENRY REYES
1516 MIRA VISTA CIRCLE
WESTON, FL 33327

MGR


ELENIS V. PEREZ
7474 COLLINS AVE.
MIAMI BEACH, FL 33141

(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.)

FRANKLIN H. REYES

Typed or printed name of signer

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