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DIVISION OF CORPORATION

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Roserustock Family Partnership, 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:
Richard Rosenstock Name of Person
Firm/Company
3700 South OCEAN BLUD Apt. 1503 Address
HighImes Brach, FL. 33487
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times Certificate of Status & 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	e	
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The name of the Limited Liability Company is:

ROSEN/STOCK FAMILY PARTNERShip, 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:

3700 South OCHAN BLIN 3700 S

3700 Socky OCEAN BLVD NOT. 1503 HIGH MAD BURCH, FL. 33487

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:

KICHIND KOSCUSTOK

3700 Soch OCEAN BLAD AN 1503

HIGHIMAD BEACH FL 33487

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

e date of filing.)  RTICLE VI: Other provisions, if any.	Name and Address:  EVAN ROSCUSTACE  2373 Broatoway Apt. 509  RVC NY 10024  BICHARD ROSCUSTACK  3700 SUM ACOM BLUD # 1503  HIGH IAND BEACH, FL. 33487  RATALIE EMEDINE  12500 Park Patomic Ave 112A  ROTTIONAL)  and cannot be more than five business days prior to or 90 comments.	ays afte
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(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filin an effective date is listed, the date must be specific at e date of filing.)  RTICLE VI: Other provisions, if any.	HIGHINAD BEACH, FL. 33467  ROWI ROSINSTACK  3700 SUMM OFFINI REND # 1503  HIGHIAND BEACH, FL. 33467  MATERIE EATEMALI  12500 PAYK PANOMAK AND # 2A  RODINAL DID 20854  (OPTIONAL)	ays afte
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an effective date is listed, the date must be specific at date of filing.)  RTICLE VI: Other provisions, if any.		ays aft
DECLUDED CLONATUDE.		
REQUIRED SIGNATURE:	BA .	_
Signature of a market	or an authorized representative of a member.	
(In accordance with section 605.02 constitutes an affirmation under the	203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State	
Kichary	ed or printed name of signee	
	Filing Fees:	
\$125.00 Filing Fee for Articles of Organiza \$ 30.00 Certified Copy (Optional)		
	ntion and Designation of Registered Agent	_

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