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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Steven Rogers Name of Lin	Fine Art L.L.	c
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Steven Re	Name of Person	
	Name of Person	
	E: (C	
	Firm/Company	
102 E. Haven	Dri	
	Address	
<u>Melbourne</u> , F	1 32904	
Melbourne For Stevenson E-mail address: (to be used	ity/State and Zip Code 9 ers (in heart . Code 1 for future annual report notifica	DM nion)
For further information concerning this matter, please	se call:	
Steven Roger S at (Area Code Daytime Tel	276 ephone Number
Enclosed is a check for the following amount:		
\$125.00 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	Street/Courier Adda	<u>ress</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:

Steven Rogers Fine (Must end with the words "Limited L	Art 🛭	0000 LL	.C.,	
(Must end with the words "Limited L	iability Compan	у, "L.L.C.," ог "	LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited	d Liability Com	pany is:	
Principal Office Address:	Mailing Addre	ess:		
102 E. Haven Dr. Melbourne, 181 32904	102 E Melbo	. Haven D	23904	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent.			ual or
The name and the Florida street address of the registered a	gent are:			
<u>Steven Roge</u>	K5			واور ماد
14dim.				
102 E. Haven D			716 prq.	.7 m
Florida street address (P.O. Box]				\$5 \$5
<u>Melbourne</u> City	_{FL} 3	2904 ip	production in	100
City	Zi	ip	<i>i</i> '	7
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging the Chapter Registered Agent's Signature (CONTINUE)	the appointment of all statutes relatives of my postro 605, F.S	as registered age ing to the proper ition as registere	ent and agree to and complete p	ล์ct in this performance
(COMITINUE	<i>D)</i>			

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address;	<u>-</u>
MARCHER MGR	Steven Rogers 102 EtavenUDr. Melbourne, Fl 32904	- -
MOORIS	A AND ROBERTS	- - -
		-
(Use attachment if necessary) EV: Effective date, if other than the date date is listed, the date must be sof filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or	- 90 da
EV: Effective date, if other than the date fective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or	90 da
E V: Effective date, if other than the datective date is listed, the date must be so of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a n (In accordance with section of	nember or an authorized representative of a member.	J.C.
E V: Effective date, if other than the date ective date is listed, the date must be so of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	pecific and cannot be more than five business days prior to or	- 4

Page 2 of 2