

L1400 0118767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

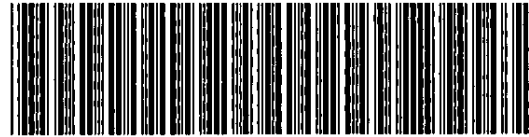
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800261316258

800261316258

06/26/14--01021--002 **130.00

14 JUL 28 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FL 32301

2271



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2014

LAW OFFICES OF FRANKLIN T. WALDEN
1936 LEE RD SUITE 100
WINTER PARK, FL 32789

SUBJECT: ONE EYED ROOSTER, LLC
Ref. Number: W14000040091

We have received your document for ONE EYED ROOSTER, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00014003

LAW OFFICES OF
FRANKLIN T. WALDEN

1936 LEE ROAD, SUITE 100
WINTER PARK, FLORIDA 32789
TEL. (407) 772-7333 FAX (407) 599-3801
EMAIL: WALDENLEGAL@AOL.COM

June 24, 2014

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


Re: LLC Filing

Dear Sir/Madam:

Enclosed please find for filing the Articles of Organization for One Eyed Rooster, LLC along with my check in the amount of \$130.00. Please send me a Certification regarding the filing of this LLC.

Thank you for your attention to this matter.

Sincerely,



FRANKLIN T. WALDEN

FTW:me
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ONE EYED ROOSTER, 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:

55 W. CHURCH ST., APT. 1404
ORLANDO, FL 32801

55 W. CHURCH ST., APT. 1404
ORLANDO, FL 32801

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:

JON EDWARD AROST

Name

55 W. CHURCH ST., APT. 1404

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


ORLANDO

FL 32801

City

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 JUL 28 PM 1:01
SECRETARY OF STATE
FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JON EDWARD AROST

55 W. CHURCH ST., APT. 1404

ORLANDO, FL 32801

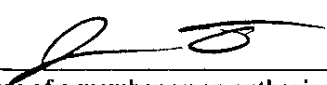
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

JON EDWARD AROST

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)

14 JUL 28 PM 1:01
SECRETARY OF STATE
FLORIDA