L14000125929

| (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: |
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Office Use Only



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08/11/14--01046--026 **155.00



COVER LETTER

| TO: | Registration Division of | n Section Corporations | | |
|---------------|-----------------------------|--|---|--|
| SIID IE | CT. BASS | O HOLDINGS I LG | | |
| SUBJE | CI: KUSS | O HOLDINGS, LLC. Name of Li | mited Liability Company | |
| | | | | |
| The end | closed Articles | of Organization and fee(s) a | are submitted for filing. | |
| Please 1 | eturn all corre | espondence concerning this r | natter to the following: | |
| | BLAIR F | OSSO SIMPSON | | |
| | | | Name of Person | |
| | ROSSO | HOLDINGS, LLC. | | |
| | | | Firm/Company | |
| | <u>111 VAS</u> | SSAR DRIVE | | |
| | | | Address | |
| | LAKE W | ORTH, FL 33460 | | |
| | | (| City/State and Zip Code | |
| <u>BS</u> | IMPSQN@F | ROSSOSITEDEVELOPME | NT.COM | |
| | | E-mail address: (to be use | ed for future annual report notific | ation) |
| For furt | her informatio | n concerning this matter, ple | ease call: | |
| <u>BL</u> AIR | ROSSO SIN | | 561) 689-0889 | |
| | Nar | ne of Person | Area Code Daytime Te | elephone Number |
| Enclose | d is a check fo | or the following amount: | | |
| . □ \$125.00 | Filing Fee | □\$130.00 Filing Fee & Certificate of Status | ☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | iling Address | Street/Courier Add | ress |

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 I - Name: The name of the Limited Liability Company is: | |
|--|---|
| | |
| ROSSO HOLDINGS, LLC. (Must end with the words "Limited I | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal off | fice of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 111 VASSAR DRIVE LAKE WORTH, FL 33460 | 111 VASSAR DRIVE LAKE WORTH, FL 33460 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration | Registered Agent. You must designate an individual or |
| The name and the Florida street address of the registered a | agent are: |
| BLAIR ROSSO SIMPSON Name | |
| 111 VASSAR DRIVE Florida street address (P.O. Box | NOT acceptable) |
| LAKE WORTH | FL 33460 |
| City | Zip |
| the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli | vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this if all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S |
| Registered Agent's Signat | ure (REQUIRED) |
| (CONTINUI | 3D) AUG 7 |
| Page 1 of 2 | S S S S S S S S S S S S S S S S S S S |

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | | |
|---|--|----------------------------------|---------------------------|
| "MGR" = Manager MGR | JOSEPH ANTHONY ROSSO II 111 VASSAR DRIVE LAKE WORTH, FL 33460 | | - - - |
| MGR | BLAIR ROSSO SIMPSON 111 VASSAR DRIVE LAKE WORTH, FL 33460 | | |
| MGR | JOSEPH ANTHONY ROSSO III 111 VASSAR DRIVE LAKE WORTH, FL 33460 | | _ _ _ |
| | | | |
| (Use attachment if necessary) | | | |
| ective date is listed, the date must be specif | filing: <u>8/6/2014</u> . (OPTIC file and cannot be more than five business days p | ONAL) prior to or | · 90 d |
| ective date is listed, the date must be specif of filing.) | filing: <u>8/6/2014</u> . (OPTIC ific and cannot be more than five business days p | ONAL) prior to or | · 90 d |
| Tective date is listed, the date must be specific of filing.) LE VI: Other provisions, if any. | filing: <u>8/6/2014</u> (OPTIC file and cannot be more than five business days p | ONAL) prior to or | · 90 d |
| REQUIRED SIGNATURE: Signature of a member of a management of the section of 5.0 constitutes an affirmation under the lam aware that any false information. | ber or an authorized representative of a member of 203 (1) (b), Florida Statutes, the execution of this the penalties of perjury that the facts stated herein ation submitted in a document to the Department of as provided for in s.817.155, F.S.) | er. s documen are true. | |
| REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony a | ber or an authorized representative of a member of perjury that the facts stated herein ation submitted in a document to the Department of as provided for in s.817.155, F.S.) | er. s documen are true. of State | t |
| REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony a | ber or an authorized representative of a member of 203 (1) (b), Florida Statutes, the execution of this the penalties of perjury that the facts stated herein ation submitted in a document to the Department of as provided for in s.817.155, F.S.) | er. s documen are true. if State | |
| REQUIRED SIGNATURE: Signature of a member of a management of a management of the section 605.0 constitutes an affirmation under the section a management of the section and the section and the section of the section | ber or an authorized representative of a member of a m | er. s documen are true. of State | t |
| REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony a BLAIR ROSSO SIME. \$125.00 Filing Fee for Articles of Organ | ber or an authorized representative of a member of perjury that the facts stated hereint ation submitted in a document to the Department of as provided for in s.817.155, F.S.) IMPSON Typed or printed name of signee | er. s documen are true. of State | t |
| REQUIRED SIGNATURE: Signature of a member of a management of a management of the section 605.0 constitutes an affirmation under the section a management of the section and the section and the section of the section | ber or an authorized representative of a member of a m | er. s documen are true. of State | t |

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

ARTICLE IV-