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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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TALL AFK(SSEE, FLORIDA

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rosen Walker Enterprises  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:	
Marquis Walker Name of Person	
Panae of Person	
Rosen Walker Enterprises LLC Firm/Company	
6732 wood lake dr APT 320 Address	
Addiess	
Orlando FL 32810 City/State and Zip Code	
marquisqwalker@gmail.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Marquis Walker at ( 609 ) 647-5859  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \Big  \Big  \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Big  \text{Certified Copy (additional copy is enclosed)} \Big  \Big  \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Big  \Big  \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Big  \Big  \Big  \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Big  \Bi	

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: The name of the Limited Liability Company is:			
Rosen Walker Enterprises LLC (Must end with the words "Limited	Liability C	Company, "L.L.C.	" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the	Limited Liability	Company is:
Principal Office Address:	Mailing	Address:	
3732 wood lake dr APT 320 Maitland FL 32810		nd FL,	PT 320
ARTICLE III - Registered Agent, Registered Office, The Limited Liability Company cannot serve as its own mother business entity with an active Florida registratio	Registered		
The name and the Florida street address of the registered	agent are:		
Marquis Walker	<u> </u>		~
Name			
6732 wood lake rd APT 320 Florida street address (P.O. Box	NOT acce	ptable)	naur-
Maitland	FL	32810	_
City		Zip	
Registered Agent's Signal	n the appoint of all statute of all statute ligations of the 605, F.S. where (REQUED)	niment as registere es relating to the p my position as reg	ed agent and agree to act in this proper and complete performance
Page 1 of 2			ZS d

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Signature of a member or an au (In accordance with section 605.0203 (1) (b).			
constitutes an affirmation under the penalties of am aware that any false information submittee constitutes a third degree felony as provided for	of perjury that the f ed in a document to	acts stated herein the Department	n are true.
Marguis Walker			<u></u>
Typed or prin	ited name of signee	:	
Filing	Fees:		
Filing  OO Filing Fee for Articles of Organization and		egistered Agent	TAL SE
00 Filing Fee for Articles of Organization and 00 Certified Copy (Optional)		egistered Agent	SECRI
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00 Filing Fee for Articles of Organization and 00 Certified Copy (Optional)		egistered Agent	15 APR 22 SECREMAN
00 Filing Fee for Articles of Organization and 00 Certified Copy (Optional)	Designation of Ro	egistered Agent	APR 2