

L150000108521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

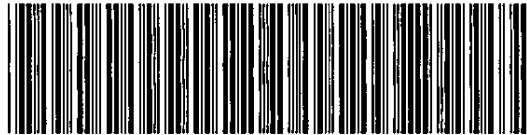
(Business Entity Name)

(Document Number)

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06/22/15--01006--017 \*\*130.00

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AND  
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15 JUN 22 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/1A

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ROSS DYNASTY L.L.C  
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:

AUGUSTA ROSS

Name of Person

ROSS DYNASTY L.L.C

Firm/Company

4008 SAN COURT AVE.

Address

LABELLE FL. 33935

City/State and Zip Code

ROSSDYNASTY7@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>KIMBERLY ROSS</u>	<u>863</u>	<u>233-6500</u>
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

06-03-2015 ROSS B 9999999999 SS-4

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

Your name control associated with this EIN is ROSS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

CP 575 B

9999999999999

DATE OF THIS NOTICE: 06-03-2015  
EMPLOYER IDENTIFICATION NUMBER: 47-4175301  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI, OH 45999-0023

ROSS DYNASTY  
KIMBERLY RAYNETTE ROSS MBR  
PO BOX 1214  
CLEWISTON, FL 33440

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
FILED

15 JUN 22 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ROSS DYNASTY L.L.C.

(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:**

4008 SAN COURT LABELLE FL. 33935

**Mailing Address:**

4008 SAN COURT LABELLE FL. 33935

**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:

KIMBERLY R. ROSS

Name

931 VIRGINIA AVE.

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

CLEWISTON

FL

33440

City

State

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)

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AND  
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**ARTICLE IV-**

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

15 JUN 22 PM 3:24

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

TRACY LEAKE-REID  
1508 BROADWAY STREET  
BLUE ISLAND, IL 60406-2708

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMBR

ANGELA VICKERS  
510 CLAYMORE DRIVE UNIT #203  
TAMPA FL. 33610

AMBR

ANTONIA WILLIAMS  
4306 SW 21ST LANE  
GAINESVILLE FL. 32607

AMBR

TERESA NEALY  
PO BOX 312  
CLEWISTON FL. 33440

(Use attachment if necessary)

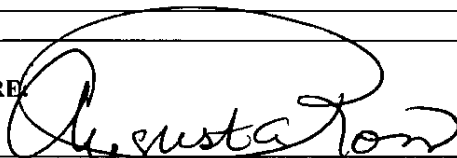
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

AUGUSTA ROSS

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)