

L/5000127980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

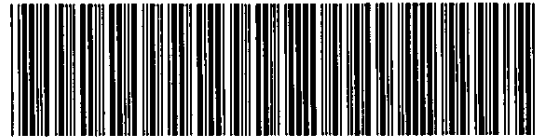
(Business Entity Name)

(Document Number)

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15 JUL 29 AM 10:41  
10 APPROVAL  
SUFFICIENCY OF FILING

JUL 29 2015

S. GILBERT

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAST PARK AVE. LLC.  
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:

KIRA MATTESON-ROSEN

Name of Person

Firm/Company

1520 E. PARK AVE

Address

TAL FL 32301

City/State and Zip Code

ROSEWOODSTOCK@hotmail.com

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

For further information concerning this matter, please call:

KIRA MATTESON ROSEN at (850) 524-0787

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount: \_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EAST PARK Ave. LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

APPROVED  
AND  
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15 JUL 29 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1520 E. PARK Ave  
TAL FL  
32301

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

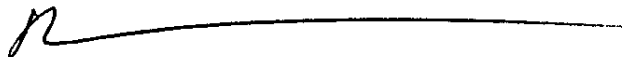
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

KIRA MATTEGOL - ROSEN  
Name

1520 E. PARK Ave  
Florida street address (P.O. Box **NOT** acceptable)  
TAL FL 32301  
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)

**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

AMBR

**Name and Address:**

KIRA MATTESON-ROSEL  
1520 E. PARK AVE  
TAL FL 32301

MICHAEL ROSEL  
1520 E PARK AVE

(Use attachment if necessary)

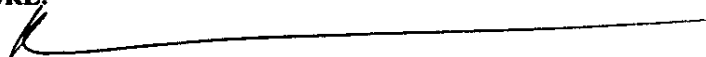
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MICHAEL ROSEL

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)