

L15000161657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

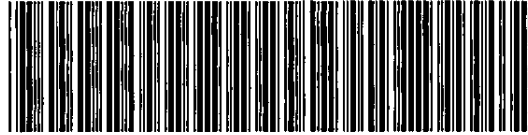
(Business Entity Name)

(Document Number)

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15 SEP 16 AM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 22 2015  
W PAINTER



September 11, 2015

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

From:  
Jason Rossi  
102 El Greco Drive  
Brandon, FL 33511  
813-220-6042

Encl:  
Check # 1022511 \$130.00  
Articles of organization

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rossi Consulting Services, 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:

Jason M Rossi

\_\_\_\_\_  
Name of Person

Rossi Consulting Services, LLC

\_\_\_\_\_  
Firm/Company

102 El Greco Drive

\_\_\_\_\_  
Address

Brandon, FL 33511

\_\_\_\_\_  
City/State and Zip Code

Jason@RossiConsult.com

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

For further information concerning this matter, please call:

Jason M Rossi

813

220-6042

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

15 SEP 16 AM 12:00  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Rossi Consulting Services, 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:**

102 El Greco Drive

Brandon, FL 33511

**Mailing Address:**

102 El Greco Drive

Brandon, FL 33511

**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:

Jason M Rossi

Name

102 El Greco Drive

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

Brandon

FL

33511

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)

FILED  
15 SEP 16 AM 12:00  
SECRETARY OF STATE  
ALL AMENDMENTS REQUIRED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MBR

**Name and Address:**

Jason M Rossi

102 El Greco Drive

Brandon, FL 33511

Julie A Rossi

102 El Greco Drive

Brandon, FL 33511

(Use attachment if necessary)

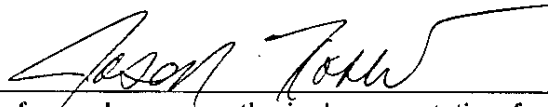
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

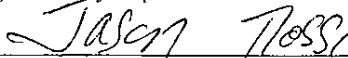
**ARTICLE VI:** Other provisions, if any.

**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.817.55, F.S.



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)

15 SEP 16 AM 12:06  
DEPARTMENT OF STATE  
RECEIVED  
CLERK OF COURT