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(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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T# ACKNOWLENGE SUFFICIENCY #F FILING 16 JAN -7 PM 1:

16 JAN -7 PH 1: 25

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## COVER LETTER

TO: Registration Section Division of Corporation	
\ \mathcal{h}	Ar Rosa LLC
SUBJECT:	Name of Limited Liability Company
	anization and fee(s) are submitted for filing.
_	nce concerning this matter to the following:
Ca1/0.	s losa
<del></del>	Name of Person
	Firm/Company
	•
	Address
225	8 hourn Huy Quincy Fl 32752
	City/State and Zip Code
E-ma	ail address: (to be used for future annual report notification)
For further information concer	ning this matter, please call;
Carlos	Msa (850, 363-4012
Name of	
Enclosed is a check for the fo	ollowing amount:
	130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	Section New Filing Section , f Corporations Division of Corporations

## ARTICLES OF ORGANIZATION FOR FLORIDA LEWITED LIABILITY COMPANY

The name of the Limited Liability	Company is:				
(Must end w	Mr R		LLC ny, "L.L.C.," or "LLC	2.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	ice of the Limite	ed Liability Company	ıis:	
<u>Principa</u>	l Office Address:		. Mailing	Address:	
2258 Hav	iana Hay 1.32352	<u> </u>			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own F	Registered Agent		e an individual or	
The name and the Florida street a	ddress of the registered a	agent are:	-Sa		
	2258 f	Name Lavana	Hwy		
	Florida street address	(P.O. Box NOT	(acceptable)		
	(punct	FL	3232	-	-
. ,	:. City	State	Zip	, e; ,	-2-
Having been named as registered a place designated in this certifice(2, further agree to comply with the pram familiar with and accept the obtain	I herehy accept the appo ovisions of all statutes rel ligations of my position a	intment as regist lating to the prop is registered age M	ered agent and agree per and complete perf nt as provided for in (	to act in this capacity, ormance of my duties, a Chapter 605, F.S.	$I \leq a$
	Registe	ered Agent's Sign	nature (REQUIRED)		
		(CONTINUE	<b>D)</b>		

Page 1 of 2

16 JAN -7 PH 1:25

Title:	de Throat	Name and Address:		
"AMBR" = Author "MGR" = Manager		Calor Mass	9 2556	
- A A O		Havana Hwy	DUING FL	
MGR		32352		
•				
	<del></del>			
ffective date is listed	e, if other than the date of t	filing:	(OPTIONAL) ess days prior to or 90	days aft
CLE V: Effective date  ffective date is listed  e of filing.)  If the date inserted in	e, if other than the date of t , the date must be specif	ic and cannot be more than five busing t the applicable statutory filing requiren	ess days prior to or 90	
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CLE V: Effective date ffective date is listed e of filing.)  If the date inserted incument's effective date cle VI: Other provis  REQUIRED SIG	e, if other than the date of the date must be specified this block does not meet the on the Department of Stions, if any.  NATURE:  Signature of a membral is document is executed any aware that any false in	the applicable statutory filing requirent State's records.  Der or an authorized representative of in accordance with section 605.0203 (1 formation submitted in a document to the section of the section	a member.  (b), Florida Statutes.	be listed