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(Re	equestor's Name)		
(Ad	ldress)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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SECRETARY OF STATE
DIVISION OF CORFORATIONS

JAN 1 4 2016

S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJEC	Rose Enterprises & Assets Ll	LC.				
SODJEC		Name of Limited Liability Company				
The encl	osed Articles of Organization and	fee(s) are submitted	I for filing.			
Please re	eturn all correspondence concerning	g this matter to the	following:			
	Tom Rose					
	· · · · · · · · · · · · · · · · · · ·	Name of	Person	· · · · · · · · · · · · · · · · · · ·		
	Rose Enterprises & Assets, LL	C.				
		Firm/Co	ompany			
	6522 Vanda Lane					
	#*************************************	Add	ress	· · · · · · · · · · · · · · · · · · ·		
	Land O Lakes, FL 34637					
	trcheetos@gmail.com	City/State ar	nd Zip Code			
	E-mail address: (to	be used for future	annual report notificati	on)		
For further	r information concerning this matte	er, please call:				
	Tom Rose	813	606-4455			
	Name of Person	at (Area Code	Daytime Telephone	e Number		
Enclosed	is a check for the following amou	nt:				
	Filing Fee \$130.00 Filing I Certificate of St	See & \$155.	00 Filing Fee & led Copy hal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section		Street Address New Filing Section			
	Division of Corporations		New Filing Section Division of Corporation	ons		
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cente	er Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ty Company, "L.L.C.," or "LLC.")	
the Limited Liability Company is:	
Mailing Address:	
6522 Vanda Ln	
Land O Lakes, FL 34637	_
	_
are:	16 JAN 14
	6522 Vanda Ln

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..

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

FL

State

6522 Vanda Ln.

Land O Lakes

City

Registered Agent's Signature (REQUIRED)

34637

Zip

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
	Tom Rose "AMBR"
	6522 Vanda Ln.
	Land O Lakes, FL 34637
•	Becky Nash
	6701 Antire Rd.
	High Ridge, Mo. 63049
(Use attachment if necessary)	
	400
	of filing: (OPTIONAL)
CLE V: Effective date, if other than the date	16 - 3 Ab
effective date is listed, the date must be spe	ecific and cannot be more than five business days prior to or 90 days after
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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.

Tom Rose

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2