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SEC. OF STATE  
TOLSON

5/10/16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rossin & Burr, PLLC  
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:

Allen E. Rossin

Name of Person

Rossin & Burr, PLLC

Firm/Company

8983 Okeechobee Blvd. Suite 202-167

Address

West Palm Beach, FL 33411

City/State and Zip Code

kim.rossin@gmail.com

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

For further information concerning this matter, please call:

Allen E. Rossin

561

310-8418

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

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rossin & Burr, PLLC

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

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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:

8983 Okeechobee Blvd., Suite 202-167  
West Palm Beach, FL 33411

Mailing Address:

8983 Okeechobee Blvd., Suite 202-167  
West Palm Beach, FL 33411

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.)

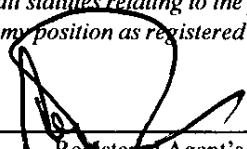
The name and the Florida street address of the registered agent are:

Allen E. Rossin, P.A. by Allen E. Rossin, President  
Name

8983 Okeechobee Blvd., Suite 201-167  
Florida street address (P.O. Box **NOT** acceptable)

<u>West Palm Beach</u>	<u>Florida</u>	<u>33411</u>
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

Allen E. Rossin, P.A., MGR

**Name and Address:**

8983 Okeechobee Blvd., 202-167

West Palm Beach, FL 33411

Robert Burr, MGR

8983 Okeechobee Blvd., 202-167

West Palm Beach, FL 33411

(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.

Allen E. Rossin, P.A. and Robert Burr each own 50% of Rossin & Burr, PLLC. The sole and specific purpose of this professional limited liability company shall be to provide legal services as attorneys-at-law, and to engage in any other related lawful business that may be engaged in by a professional limited liability company organized under Chapter 621.

**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.

Allen E. Rossin as President of Allen E. Rossin, P.A.

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)

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16 MAY -6 PM 1:51  
CLERK OF THE COURT  
STATE OF FLORIDA