L16000156755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
16 AUG 22 AM 6:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

August 10, 2016

TONY ROSSO
995 N. HWY A1A #506
INDIALANTIC, FL 32903

SUBJECT: STROSSO LLC DBA FREERIDE
Ref. Number: W16000055572

We have received your document for STROSSO LLC DBA FREERIDE and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 316A00016938

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strosso 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:

Tony Rosso
Name of Person

Strosso LLC
Firm/Company

995 N. Hwy A1A # 506
Address

Indialantic FL 32903
City/State and Zip Code

FreeRideWPB@gmail.com
E-mail address: (to be used for future annual report notification)

16 AUG 22 AM 8:35

For further information concerning this matter, please call:

Paul Steele at (423) 284-0121
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Strosso 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:	Mailing Address:
995 N Hwy A1A #506 Indialantic FL 32903	995 N. Hwy A1A #506 Indialantic FL 32903

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:

Paul Steele
Name

995 N. Hwy A1A # 506
Florida street address (P.O. Box **NOT** acceptable)

Indialantic FL 32903
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)

16 AUG 22 AM 6:35

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

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
AMBR	Paul Steele 995 N HWY A1A # 506 INDIALANTIC, FL 32903
AMBR	Tony Rosso 555 Hollowtree Pl TALPON SPRINGS, FL 34688

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