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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Ronald Rosati, LLC Name of Limited Liability Company
	Hanto of Diffice Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ronald Rosati
	Name of Person
	Ronald Rosati, LLC
	Firm/Company
	1514 Woodstream Drive Address
	Oldsmar, FL 34677
	City/State and Zip Code
	ronaldarosati@gmail.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Ronald Rosati at (727) 542-2422
	Name of Person Area Code Daytime Telephone Number
Encl	osed is a check for the following amount:
\$125	.00 Filing Fee \$\)\$130.00 Filing Fee & \$\)\$155.00 Filing Fee & \$\)\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ronald Rosati, LLC	
(Must end with the words "Limited Liabil	ty Company, "L.L.C.," or "LLC.")
TICLE II - Address:	the Limited Lightlity Company is:
TICLE II - Address: c mailing address and street address of the principal office of Principal Office Address:	the Limited Liability Company is: Mailing Address:
e mailing address and street address of the principal office of	, , ,

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

another business entity with an active Florida registration.)

Samuel R. Rosati, P.A.

Name

B 59 Bay Esplanade

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

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 Jegistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	n .11 n .41
MGR	Ronald Rosati
	1514 Woodstream Drive
	Oldsmar, FL 34677
	
-	
ffective date is listed, the date must be spece of filing.) If the date inserted in this block does not m	of filing:
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ARTICLE IV-