

# L16000232024

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

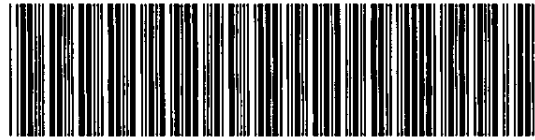
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

n/ 12/28/16



**Polito | Rodstrom | Burke LLP**  
Attorneys at Law

December 22, 2016

Florida Department of State  
New Filing Section  
Division of Corporations  
Clifton Building  
2662 Executive Center Circle  
Tallahassee, FL 32301

Michael G. Polito  
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*of Counsel*  
Thomas C. Fox, Jr.  
Gian M. de Caris  
Jay Romer

**Re: Florida Limited Liability Company – New Filing  
7 Rosebuds, LLC**

**PLEASE REFER TO THE ITEMS CHECKED BELOW:**

- ☐ The enclosed is a copy for your information and files.
- ☒ The enclosed is for further processing.
- ☒ Please process the following new Limited Liability Company Request form as indicated.
- ☒ Enclosed please find check number 5278 in the amount of \$125.00 for the filing fee.

**If you should have any questions, do not hesitate to call. Thank you for your cooperation.**

Very truly yours,

POLITO RODSTROM BURKE, LLP



Derek N. Rodstrom

DNR/lis  
**Enclosures**



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 7 Rosebuds, 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:

Christopher Rose

Name of Person

Firm/Company

6599 Bexley Ct.

Address

Independence, Ohio 44131

City/State and Zip Code

CPR @ AYROSE.COM

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

For further information concerning this matter, please call:

Christopher Rose      440      823-4205  
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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7 Rosebuds, 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:

10851 Gulfshore Dr.

Gulfshore II, Unit 805

Naples, Florida 34108

Mailing Address:

6599 Bexley Ct.

Independence, Ohio 44131

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:

Genevieve Kramer

Name

9571 East Lake Dr.

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

Boca Raton

FL

33434

City

State

Zip

16 DEC 27 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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..*

*Genevieve R. Kramer*

Registered Agent's Signature (REQUIRED)

(CONTINUED)



