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| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2017

ELIZABETH W. ROUNTREE 2432 RAVENNA BLVD #101 NAPLES, FL 34109

SUBJECT: ROUNTREE ORGANIZATION INC., LLC

Ref. Number: W17000019567

Confirmation number: 500296039205 Pin Number: INC.

We have received your document for ROUNTREE ORGANIZATION INC., LLC and and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 017A00004510

COVER LETTER

~ TO:

INHS18 (2/14)

Registration Section

| Division of Corporations | |
|--|---|
| Rountree Organization Inc., | LLC |
| | ne of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Off | ice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| Elizabeth W. Rountree | |
| Name of Person | |
| Rountree Organization Inc. | |
| Firm/Company | |
| 2432 Ravenna Boulevard #101 | Mail Book |
| Address | |
| Naples, Florida 34109 | |
| City/State and Zip Code | |
| lizwrountree@gmail.com | |
| E-mail address: (to be used for future ann | ual report notification) |
| For further information concerning this matter, | please call: |
| Elizabeth W. Rountree | 239 776-9555 at () |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following | amount: |
| □ \$25 Filing Fee | |

COVER LETTER

New Filing Section TO:

Division of Corporations

SUBJECT:

Rountree Organization 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:

Elizabeth W. Rountree

Name of Person

Rountree Organization LLC

Firm/Company

2432 Ravenna Boulevard #101

Address

Naples, FL 34109

City/State and Zip Code

lizwrountree@gmail.com

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

For further information concerning this matter, please call:

Elizabeth W. Rountree at (239) 776-9555

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &

\$155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee, (PAID)

Certificate of Status

(additional copy is enclosed)

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

ARTICLESOF ORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rountree Organization LLC

(Must contain 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:

2432 Ravenna Boulevard, #101 Naples, FL 34109 2432 Ravenna Boulevard, #101 Naples, FL 34109

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:

Elizabeth W. Rountree

Name

2432 Ravenna Boulevard, #101

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

Naples, FL 34109

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARI OF STATE

| - | | |
|----------|--|---|
| _ | itle: | Name and Address: |
| *1 | AMBR" = Authorized Member | |
| "] | MGR" = Manager | |
| Α | AMBR | Elizabeth W. Rountree |
| | | 2432 Ravenna Boulevard, #101 |
| | | Naples, FL 34109 |
| (1 | Use attachment if necessary) | |
| TICLE V: | Effective date, if other than the date | of filing: March 1, 2017 (OPTIONAL) |
| ARTICLE | VI: Other provisions, if any. | |
| ARTICLE | VI: Other provisions, if any. | |
| ARTICLE | VI: Other provisions, if any. | |
| ARTICLE | VI: Other provisions, if any. | |
| | REQUIRED SIGNATURE: | |
| | | GAR of m |
| | REQUIRED SIGNATURE: | GMC fur member or an authorized representative of a member. |
| | REQUIRED SIGNATURE: Signature of a | a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. I |

Elizabeth 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)