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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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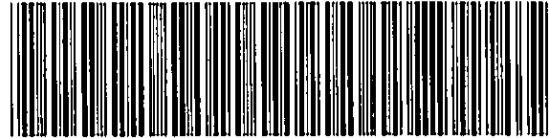
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Willow Roe, 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:

Alexander J. Ombres  
Name of Person  
Mateer Harbert, P.A.  
Firm/Company  
225 E. Robinson Street, Suite 600  
Address  
Orlando, FL 32801  
City/State and Zip Code  
indoorvill@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander J. Ombres 407 425-9044  
Name of Person at ( ) 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 LIMITED LIABILITY COMPANY

### ARTICLE I – Name

The name of the Limited Liability Company is: **Willow Roe, LLC**

### ARTICLE II – Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**15019 Pendio Drive  
Montverde, FL 34756**

### ARTICLE III – Duration

The period of duration for the Limited Liability Company shall be perpetual.

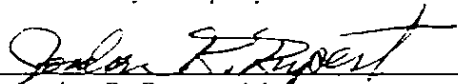
### ARTICLE IV – Management

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager(s) who is (are) designated, appointed or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company. **Jordan R. Rupert** whose address is 15019 Pendio Drive, Montverde, FL 34756 and **Melanie J. Keene** whose address is 2312 Willow Drop Way, Oviedo, FL 32766 shall serve as Co-Managers.

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MEMBER:

Rupert Family Holdings, LLC, a Florida  
limited liability company

  
By: Jordan R. Rupert, Manager

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **Willow Roe, LLC**
2. The name and the Florida street address of the registered agent are:

**Jordan R. Rupert  
15019 Pendio Drive  
Montverde, FL 34756**

*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 provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Jordan R. Rupert, Registered Agent

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