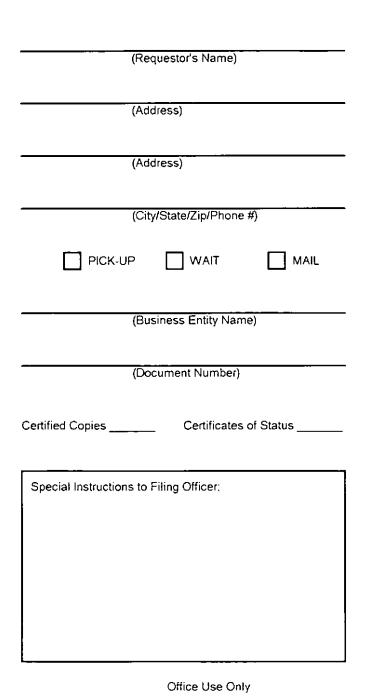
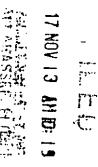
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## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: DAVID R ROSSET  Name of Limited Liability	TER LLC y Company	
The enclosed Articles of Organization and fee(s) are submitted for	or tiling.	
Please return all correspondence concerning this matter to the fol	llowing:	
DAVID R ROSSETICA	2	
Name of P	erson	
202		
DAVID R ROSSETTE	RLLC	
rinizedii	рапу	
1542 Detan Car	10	
1542 OCEAN CIRCA	s	
DAVENPORT FL 3	33897	
City/State and Zip Code  Gecor D Yahoo. Com  E-mail address: (to be used for future annual report notification)		
Gecor a Vahoo. com		
E-mail address: (to be used for future ann	nual report notification)	
For further information concerning this matter, please call:		
Name of Person Area Code	451-0429	
Name of Person Area Code	Daytime Telephone Number	
Enclosed is a check for the following amount:		
70010500 1001		
Certificate of Status Certified	Filing Fee & S160.00 Filing Fee. Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address St	reet Address	
New Filing Section No	ew Filing Section	
Division of Corporations Di	ivision of Corporations	
	lifton Building 61 Executive Center Circle	
20	or ancounte Comer Chele	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

David R Ros	Setter 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 I	Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1542 00 1 1	-u - 0	

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 year.) another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are: DAVID R KOSSETTER 1542 OCEAN CIRCLE
Florida street address (P.O. Box NOT acceptable) 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)

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR  MGR	IMARIA J ROSSETTER  1542 OCEAN CIRCLE  PAVENPORT PLORIDA 33897
	DAVID & ROSSETTER  1542 OCEAN CIRCLE  DAVENPORT FLORIDA 23897
If an effective date is listed, the date must be ne date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as nt of State's records.
RTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	E Dogetter
This document is exec I am aware that any fa	nember or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  Typed or printed name of signee
	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)