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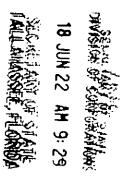
Of John Street



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06/21/18--01011--014 ++25.00

08/08/18--01005--004 **100.00



COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	ROCKY'S ENTERPRISE, LLC		
SUBJECT		Limited Liabili	ity Company
The enclos	ed Articles of Organization and fee(s) are submitted	for filing.
Please retu	rn all correspondence concerning this	matter to the f	following:
	RICHARD CAMP, CPA		
		Name of	Person
	RICHARD CAMP, CPA,PA		
		Firm/Co	пралу
	6817 SOUTHPOINT PARKWAY	# 2201	
		Addr	ess
	JACKSONVILLE, FL 32216		
	RICHARDCTAX@COMCAST.NE	City/State an	d Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For further i	nformation concerning this matter, ple	ease call:	
	RICHARD CAMP	904	281-9924
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 F	ling Fee S130.00 Filing Fee & Certificate of Status	LCertific	of Filing Fee & S160.00 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 Liab	ility Company is:			
ROCKY'S ENTE	RPRISE, LLC			
(Must co	ontain the words "Limited Li	ability Company, "L	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal off	ice of the Limited L	iability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
6935 ALANA RO	AD	6935	ALANA ROAD	
JACKSONVILLE	, 32211	JACK	SONVILLE, FL 32211	
ARTICLE III - Registered A The Limited Liability Compa another business entity with a The name and the Florida stre	iny cannot serve as its own R in active Florida registration	Registered Agent. Yo	s Signature: ou must designate an individual or	
	RICHARD N. CAMP			
		Name		
	6817 SOUTHPOINT	PARKWAY #220	1	
	Florida street address	(P.O. Box <u>NOT</u> acc	eptable)	
	JACKSONVILLE	FLORIDA	32216	

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

DIVISION OF CORPORATIONS

SECRETARY OF STATE

#MGR" = Manager AMBR DESMOND A. GREEN 6935 ALANA ROAD JACKSONVILLE.FL 32211 LELIA M. GREEN 6935 ALANA ROAD JACKSONVILLE.FL 32211 LELIA M. GREEN 6935 ALANA ROAD JACKSONVILLE.FL 32211 (Use attachment if necessary) ELE V: Effective date, if other than the date of filing: JUNE 31,2018 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liminent's effective date on the Department of State's records. ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida States. I am aware that any false information submitted in a document to the Department of the Constitutes a third degree felony as provided for in s.817.155, F.S.	## DESMOND A. GREEN 6935 ALANA ROAD JACKSONVILLE.FL 32211 AMBR	$\frac{\text{Title:}}{\text{"AMBR"}} = A$	authorized Member	Name and Address:
AMBR LELIA M. GREEN 6935 ALANA ROAD JACKSONVILLE, FL 32211 LELIA M. GREEN 6935 ALANA ROAD JACKSONVILLE, FL 32211 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: JUNE 31,2018 (OPTIONAL) (OPTIONAL) (OPTIONAL) If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be limited in service date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Sanges, I am aware that any false information submitted in a document to the Department of the constitutes a third degree felony as provided for in s.817.155, F.S.	AMBR LELIA M. GREEN 6935 ALANA ROAD JACKSONVILLE, FL 32211 LELIA M. GREEN 6935 ALANA ROAD JACKSONVILLE, FL 32211 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: JUNE 31,2018 (OPTIONAL) Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listened at inserted in the Department of State's records. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Sangtes. I am aware that any false information submitted in a document to the Department of State and Sangtes. DESMOND A. GREEN			
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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)