

# L18000215933

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

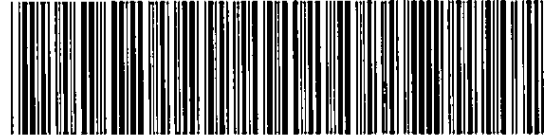
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



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SEC. OF STATE  
DIVISION OF CORPORATIONS  
18 SEP 12 AM 9:51

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SEP 12 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Aurelian, 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:

Bruce Rose

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

100 Little Wekiva Ct.

\_\_\_\_\_  
Address

Longwood, FL 32779

\_\_\_\_\_  
City/State and Zip Code

bruce.rose@gmail.com

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

For further information concerning this matter, please call:

Edward J. Kelly, CPA

407

788-9022

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

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aurelian, 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:

Aurelian, LLC

100 Little Wekiva Ct.

Longwood, FL 32779

Mailing Address:

Aurelian, LLC

100 Little Wekiva Ct.

Longwood, FL 32779

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:

Bruce Rose

Name

100 Little Wekiva Ct.

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

Longwood

FL

32779

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.*

X

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLE IV-**

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

**Title:**

"AMBR" -- Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Bruce Rose

100 Little Wekiva Ct.

Longwood, FL 32779

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

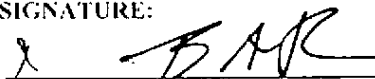
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE 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 Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Bruce Rose

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)

FILING INSTRUCTIONS

**Aurelian, LLC**

Articles of Organization

Attached are your Articles of Organization

Fill in your E-mail address on page one, where indicated.

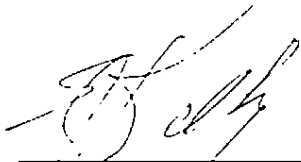
Sign on page two at the bottom as the Registered Agent.

Sign the Articles of Organization above your printed name at the bottom of the page three, at the "X".

Make a check payable to: **FLORIDA DEPARTMENT OF STATE in the amount of \$125.00.**

Send the Articles and check to:  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

A letter of acknowledgement will be sent to you by the Department of State.



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Edward J. Kelly, CPA  
110 Little Wekiva Ct.  
Longwood, FL 32779  
(407) 788-9022