L18000228499

(Address) (Address) SH Petersburg FL 33705 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	Ricky E. Rowa (Requestor's Name)
(Address) SH Petersburg FL 33705 (City/State Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	•
(Address) SH Petersburg FL 33705 (City/State Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	1385 67+ Ave South
SH Petersburg, FL 33705 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)
SH Petersburg, FL 33705 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _ Certificates of Status _ Special Instructions to Filing Officer:	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _ Certificates of Status _ Special Instructions to Filing Officer:	St Petersburg, FL 33705
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP WAIT MAIL
Certified Copies Certificates of Status Special Instructions to Filing Officer: W 18- 67195	(Business Entity Name)
Certified Copies Certificates of Status Special Instructions to Filing Officer: W 18- 67195	
Special Instructions to Filing Officer: W 18- 67195	(Document Number)
W 18-67195	Certified Copies Certificates of Status
W 18-67195	
	Special Instructions to Filing Officer:
	W 18-67195
	ļ ⁻
	Office Use Only



000316001090

07/23/18--01044--012 **160.00



COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: Rowe EED + ConflicteSolutions, 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:
Ricky Eugene Rowe Name of Person
Firm/Company
1385 6Fn Ave South Address
St Petersburg, FL 33705 City/State and Zip Code Ricky E40@ AOL & CDM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ricky E. Rows at (727) 455-1623 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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability Company is:						
Rowe EED & Conflict	Resolution	s, LLC	w.		_	
(Musi contain the words Limited	u Liaomity Company	, E.L.C., or LLC.	,			
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limite	d Liability Company	is:			
Principal Office Address:		<u>Mailing</u>	Address:			
1385 67th Ave Sout	h					
St Petersburg, FI 33	3705				_ _	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	vn Registered Agent	ent's Signature: You must designate	an individ	ual or	_	
The name and the Florida street address of the registers						
Ricky	F. Rou	ع د				
	···					
	Thave Sa		_			
	ess (P.O. Box NOT	•	_			
It leter	Sourcy FL	. 33705 Zip	2_			
City	State	Zip				
laving been named as registered agent and to accept serviace designated in this certificate. I hereby accept the appartment agree to comply with the provisions of all statutes of my position of my posi	ppointment as registe relating to the prope	red agent and agree t er and complete perfo t as provided for in Cl	o act in this rmance of n	s capacii ny dutie:	tv. I	
2	(CONTINUED) ·		Raž		
				7. F	<u></u>	
					JUL 23	7
					د ع	開館
					<u></u>	6.3

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
Me	Ricty E Rowa
	385 6 / A Ave South
	11 18,780 MONTH (1) 102
·	
(Use attachment if necessary)	
·	date of filing: Jaly 18, 2018 (OPTIONAL)
RTICLE V: Effective date, if other than the If an effective date is listed, the date must b	date of filing: \(\sum \sqrt{y} \sqrt{8}, \forall \sqrt{8} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
RTICLE V: Effective date, if other than the if an effective date is listed, the date must be date of filing.)	
ARTICLE V: Effective date, if other than the lf an effective date is listed, the date must be date of filing.) Note: If the date inserted in this block does to	not meet the applicable statutory filing requirements, this date will not be listed a
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does the document's effective date on the Department.	date of filing: \(\sum \frac{1}{\sum \frac{1}{\sin \frac{1}{\sum \frac{1}{\sin \frac{1}{\sin \frac{1}{\sin \frac{1}{\sin \frac{1}{\sin \frac{1}{\sin \frac{1}{\sin \fin \frac{1}{\sin \frac{1}{\sin \frac{1}{\sin \fin \fin \fin \fin \fin \finn
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does the document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does the document's effective date on the Department of the Department	not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does the document's effective date on the Department of the Department	not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does the document's effective date on the Department of the Department	not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does the document's effective date on the Departmark ARTICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
RETICLE V: Effective date, if other than the If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does the document's effective date on the Department of the Department	not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does the document's effective date on the Departman ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURES Signature of a This document is ex	not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records. The property of a member of an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be he date of filing.) Note: If the date inserted in this block does the document's effective date on the Departman ARTICLE VI: Other provisions, if any. REQUIRED SIGNAPURES Signature of a This document is ex I am aware that any	not meet the applicable statutory filing requirements, this date will not be listed a ment of State's records.
RETICLE V: Effective date, if other than the If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does relie document's effective date on the Department of the document's effective date on the Department of the document of the document of the document is expected by the document is expected by the document of the date inserted in this block does relief the date inserted in this block does relief the date inserted in this block does relief to the date inserted in this block does relief to the date inserted in this block does relief to the date on the Department of the document of the date inserted in this block does relief to the date on the Department of the document of the date on the Department of the document of the date on the Department of the date on the date on the Department of the date on the date o	not meet the applicable statutory filing requirements, this date will not be listed a ment of State's records. The member of an authorized representative of a member. The ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. If also information submitted in a document to the Department of State.

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)