L19000060151

(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: MOSTAGA GAVE
COURT ACT IV
311119
500. EXAM

Office Use Only



700325541677

#3/#1/19--U1#19--U#3 (**125.0#



N CULLIGANI MAR 1 1 2019

COVER LETTER

New Filing Section

TO:

. D	Pivision of Corporations		
SUBJECT	Eighty 7 by rocky llc		
505020		Limited Liabili	ty Company
The enclos	sed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	urn all correspondence concerning this	matter to the f	ollowing:
	Mostafa Javad		
		Name of	Person
		Firm/Co	mpany
	1067 Spanish Bay Ct		
		Addr	ess
	Orange Park, Florida 32065		
	mostjavad@gmail.com	City/State and	d Zip Code
	E-mail address: (to be us	sed for future a	nnual report notification)
For further i	information concerning this matter, ple	ase call:	
	Mostafa Javad	305 (781-0687
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301



March 11, 2019

MOSTAFA JAVAD 1067 SPANISH BAY CT ORANGE PARK, FL 32065

SUBJECT: EIGHTY 7 BY ROCKY LLC

Ref. Number: W19000023174

We have received your document for EIGHTY 7 BY ROCKY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of the Manager in ARTICLE IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 719A00004833

www.sunbiz.org

D' '-' . CO . . . ' DO DOV coor m II I

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Eighty 7 by roc	ky ilc			
(Must con	tain the words "Limited	Liability Company, "	L.L.C.," or "L.LC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal o	office of the Limited L	liability Company is:	
Princip	pal Office Address:		Mailing Address:	
1067 Spanish Bay C			Spanish Bav Ct	
Orange Park, FL 32	065	Orang	e Park, FL 32065	
ARTICLE III - Registered As	gent, Registered Office,	& Registered Agent	's Signature:	-
ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, y cannot serve as its own active Florida registration address of the registered	& Registered Agent Registered Agent, Y		19 MAR 1
ARTICLE III - Registered As The Limited Liability Compan nother business entity with an	gent, Registered Office, y cannot serve as its own active Florida registratic	& Registered Agent Registered Agent, Y	's Signature:	MAR I I
ARTICLE III - Registered Ag The Limited Liability Compan mother business entity with an	gent, Registered Office, y cannot serve as its own active Florida registration address of the registered	& Registered Agent () Registered Agent, Y () () () () d agent are:	ou must designate an individual or	MAR I I A
ARTICLE III - Registered As The Limited Liability Compan mother business entity with an	gent, Registered Office, y cannot serve as its own active Florida registratic address of the registered Mostafa Javad 1067 Spanish Bay C	& Registered Agent () Registered Agent, Y () () () () d agent are:	ou must designate an individual or	MAR I I A
ARTICLE III - Registered Aş	gent, Registered Office, y cannot serve as its own active Florida registratic address of the registered Mostafa Javad 1067 Spanish Bay C	& Registered Agent Registered Agent, Y on.) d agent are: Name	's Signature: ou must designate an individual or	MAR I I A

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)

Title:		Name and Address:	
"AMBR" = Auth "MGR" = Manag		Mostafa Javad	
MGR = Manag	ger	1067 Spanish Bay Ct	
		Orange Park, FL 32065	
			
			i
			م سريا مسجو
			}
 			; i
		O-4 "	
	<u>_</u>	- R	`
(Use attachment	ate, if other than the date of filin	eg: (OPTIONAL)	r.
TICLE V: Effective d an effective date is list date of filing.) te: If the date inserted	ate, if other than the date of filined, the date must be specific at in this block does not meet the date on the Department of State	and cannot be more than five business days prior to or 90 date applicable statutory filing requirements, this date will not be	
TICLE V: Effective dan effective date is list date of filing.) te: If the date inserted document's effective TICLE VI: Other prov	ate, if other than the date of filined, the date must be specific at in this block does not meet the date on the Department of Statesions, if any.	and cannot be more than five business days prior to or 90 date applicable statutory filing requirements, this date will not be	
TICLE V: Effective d an effective date is list date of filing.) te: If the date inserted document's effective	ate, if other than the date of filined, the date must be specific at in this block does not meet the date on the Department of Statesions, if any.	and cannot be more than five business days prior to or 90 date applicable statutory filing requirements, this date will not be	
TICLE V: Effective dan effective date is list date of filing.) te: If the date inserted document's effective TICLE VI: Other prov	ate, if other than the date of filin ed, the date must be specific at in this block does not meet the date on the Department of State visions, if any.	e applicable statutory filing requirements, this date will not be e's records.	
TICLE V: Effective dan effective date is list date of filing.) te: If the date inserted document's effective TICLE VI: Other prov	ate, if other than the date of filined, the date must be specific at in this block does not meet the date on the Department of Statesisions, if any. GNATURE: Signature of a member This document is executed in a lam aware that any false information.	and cannot be more than five business days prior to or 90 date applicable statutory filing requirements, this date will not be	
TICLE V: Effective dan effective date is list date of filing.) te: If the date inserted document's effective TICLE VI: Other prov	ate, if other than the date of filined, the date must be specific at in this block does not meet the date on the Department of Statesisions, if any. GNATURE: Signature of a member This document is executed in a lam aware that any false information.	e applicable statutory filing requirements, this date will not be e's records. or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation 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)

ARTICLE IV-