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# **COVER LETTER**

	ew Filing Section ivision of Corporations
SUBJECT	LA ROSA REALTY JACKSONVILLE, LLC
	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	EARITHA ANDERSON
	Name of Person
	LA ROSA REALTY JACKSONVILLE, LLC
	Firm/Company
	10961 BURNT MILL RD., UNIT 117
	Address
	JACKSONVILLE, FL 32256
	City/State and Zip Code EARITHA@ANDERSONGROUPJAX.COM
•	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	EARITHA ANDERSON 904 910-3582 at (
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Liability Company is:	
<u>LA ROSA REALTY JACKSONVILLE, LLC</u>	
(Must contain the words "Limited Liabi	ility 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:
<b>Principal Office Address:</b>	Mailing Address:
10961 BURNT MILL RD	10961 BURNT MILL RD.
UNIT 117	UNIT 117
JACKSONVILLE, FL 32256	JACKSONVILLE, FL 32256

# 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:

EARITHA ANDERSON				
	Name			
10961 BURNT MILL	RD., UNIT 117			
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)		
JACKSONVILLE	FI	32256		
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)

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### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	EARITHA ANDERSON
<del>MAN</del>	10961 BURNT MILL RD., UNIT 117
	JACKSONVILLE, FL 32256
	<u> </u>
(Use attachment if necessary)	
If an effective date is listed, the date must be s he date of filing.) Note: If the date inserted in this block does not	e of filing: 08/01/2019 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmen	t of State's records.
ARTICLE VI: Other provisions, if any.	WALLE A CONTROL OF THE CONTROL OF TH
THIS LLC SHALL BE ORGANIZED FOR AN	Y AND ALL LAWFUL PURPOSES FOR WHICH AN LLC MAY BE
ORGANIZED UNDER THE LAWS OF THE S	ATE OF FLORIDA.
	With
This document is executed an aware that any fals	member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
EARITHA ANI	DERSON
	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)