(Requestor's Name)
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PICK-UP WAIT MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 073273 7295821
AUTHORIZATION: Spelle le man
COST LIMIT : \$ 125-700
ORDER DATE : December 3, 2019
ORDER TIME : 3:08 PM
ORDER NO. : 073273-010
CUSTOMER NO: 7295821
DOMESTIC FILING
NAME: ROOD ENTERPRISES, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Robinson - EXT. 62968
EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Section Division of Corporations					
SUBJI	Rood Enterprises, LLC					
5055		mited Liabil	ity Company			
The en	nclosed Articles of Organization and fee(s) a	re submitted	for filing.			
Please	e return all correspondence concerning this m	natter to the	following:			
	Braden K. Ball, Jr.					
		Name of	Person			
	Litvak, Beasley, Wilson & Ball, LLP					
		Firm/Co	mpany			
	40 South Palafox Place, Suite 300 Address Pensacola, Florida 32503					
	braden@lawpensacola.com	City/State an	d Zip Code			
	E-mail address: (to be used	d for future a	nnual report notification			
or furt	her information concerning this matter, pleas	se call:	·	•		
		50	4329818			
	Name of Person A		Daytime Telephone	Number		
Enclose	red is a check for the following amount:					
	5.00 Filing Fee Scertificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose		
	Mailing Address New Filing Section		Street Address New Filing Section			
	Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building			
	Tallahassee, FL 32314		2661 Executive Center Tallahassec, FL 3230			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rood Enterprises, L	LC			
(Must	conatin the words "Limited	Liability Company, "	t.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and stre	et address of the principal	office of the Limited I	iability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
400 Rena Drive		400 Re	na Orive	
Lafayette, Louisiana	70503	Lafaye	Lafayette, Louisiana 70503	
RTICLE III - Registered	Agent, Registered Office	., & Registered Agent	's Signature:	201
The Limited Liability Composition of the business entity with	pany cannot serve as its own an active Florida registrati	n Registered Agent. Y ion.)	ou must designate an individual or	119 DEC -3
The Limited Liability Comp nother business entity with	oany cannot serve as its own an active Florida registrati reet address of the registere	n Registered Agent. Y ion.)	ou must designate an individual or	119 DEC -3
The Limited Liability Comp nother business entity with	oany cannot serve as its own an active Florida registrati reet address of the registere	n Registered Agent. Y ion.) ed agent are:	ou must designate an individual or	119 DEC -3
The Limited Liability Comp nother business entity with	eany cannot serve as its own an active Florida registration eet address of the registere Braden K. Ball, Jr. 40 South Palafox Place	n Registered Agent. Y ion.) ed agent are:	ou must designate an individual or	119 DEC -3 A
ARTICLE III - Registered The Limited Liability Composition on the business entity with The name and the Florida str	eany cannot serve as its own an active Florida registration eet address of the registere Braden K. Ball, Jr. 40 South Palafox Place	n Registered Agent. Y ion.) ed agent are: Name	ou must designate an individual or	119 DEC -3

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)

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	Chdelanhar Dand
mort	Christopher Rood 400 Rona Driva
	Lafayette, Louislana 70503
	10
	W
If an effective date is listed, the date must be sp he date of filing.)	e of filing: (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 a of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	2000
This document is execu I am aware that any fals	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes, ited in incommunities in a document to the Department of State information submitted in a document to the Department of State in felony as provided for in s.817.155, F.S.
Christopher Rood	
Company of Contra	Typed or printed name of signee
	Types of printed finite 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)