L 20000 300322

(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



900348681759

07/22/20--01036--014 **160.00

2020 JUL 22 PH 4: 0:

COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	r: Root Solution Revolution, LLC Name of Limited Liability Company	
The enclo	sed Articles of Organization and fee(s) are submitted for filing.	
Please ret	urn all correspondence concerning this matter to the following:	
	Cassandra Ha-Mawall Name of Person	
	- Root Solution Revolution	
	114 S J St. Address	
	Lake No: th Beach FL 33460 City State and Zip Code Info@thereat Solution.org	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
	Cassandica at (720) (c21 - 0343 Name of Person Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	
□\$125.0	0 Filing Fee	
	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 Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORID& LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Must conatin 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: Mailing Address:
Lake worth Brach, FL 334400 Lake worth Brach, FL 334100
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: (assundry lateral address) Name
114 s. J st.
Florida street address (P.O. Box NOT acceptable)
Lake Worth Brach FL 33-160
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)

2020 JUL 22 PH 4: 03

ARTICLE IV-

r · · •

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Cossandra Halmancal Love worth Beach, FL 33460
AMBR	Daniel Finholm Jr. III Like Worth Beach, FL 33460
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the self-entire date is listed, the date must be date of filing.)	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	Man At
This document is I am aware that a	of a member of an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes. ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
	ssandra Hathaway

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)

020 JUL 22 PH 4: 03