

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000447745 3)))



H210004477453ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2021 DEC -8 PM 1:32

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
RED WHITE AND BUBBLES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2021 DEC -8 PM 12:42

H21000447745

**ARTICLES OF ORGANIZATION
OF
RED WHITE AND BUBBLES, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **RED WHITE AND BUBBLES, LLC.**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company are:

8144 SE Red Root Way
Jupiter, FL 33458

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Heidi E. Rochefort
8144 SE Red Root Way
Jupiter, FL 33458

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.


Heidi E. Rochefort, Registered Agent

H21000447745

H21000447745

ARTICLE IV: - Management

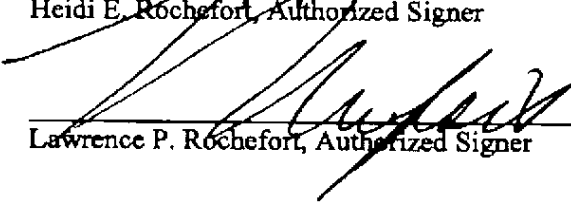
The name and address of each individual authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Heidi E. Rochefort 8144 SE Red Root Way Jupiter, FL 33458
	Lawrence P. Rochefort 8144 SE Red Root Way Jupiter, FL 33458

IN WITNESS WHEREOF, each of the undersigned has executed these Articles of Organization on December 7, 2021.



Heidi E. Rochefort, Authorized Signer



Lawrence P. Rochefort, Authorized Signer

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

Heidi E. Rochefort
Typed or printed name of signer

Lawrence Rochefort
Typed or printed name of signer