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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2022 JAN 24 PH 3: 4:

PALLAHASSER BY

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:____

AUTHORIZATION SIGNATURE: THE ROSA FAMILY HOLDINGS LL	andle
Business Name	Document Number, (if known):
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Org	ganization
∑ Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication Other CORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement Statement of Revocation of Dissolution
APOSTIL ()Country	Other

COVER LETTER

TO:

TO:	New Filing Sec Division of Cor					
SUBJ	FCT∙	THE R	OSA FAN	MILY HOL	DINGS LLC	
001001		N	ame of Li	mited Liabil	ity Company	
The en	closed Articles of	Organization an	d fee(s) as	re submitted	for filing.	
Please	return all correspo	ondence concern	ing this m	natter to the	following:	
			Y	'ANELIS R	OSA	
				Name of	Person	
		ТН	E ROSA	FAMILY H	OLDINGS LLC	
	 			Firm/Co	mpany	··
			160	021 SW 41S	T STREET	
				Addr	ess	·
			MII	RAMAR. FI	. 33027	
				City/State an	-	
	E	E-mail address: (nnual report notificati	ion)
For furth	her information co	ncerning this ma	tter, pleas	se call:		
	YANELI	S ROSA	7 at (786	556-2454	
	Name	e of Person		rea Code	Daytime Telephon	e Number
Enclos	ed is a check for th	ne following amo	ount:			
□\$12:	5.00 Filing Fee	□\$130.00 Fill Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address			Street Address New Filing Section Di	ivision
	Divisio	lling Section on of Corporation ox 6327	ns		The Centre of Tallaha 2415 N. Monroe Street	assee

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	THE ROSA F	AMILY HOLDING	S LLC	
(Must co	ntain the words "Limited			
ARTICLE II - Address: The mailing address and street.	address of the principal	affice of the Limita	A Clabiting Communication	
	nal Office Address:	order of the falling	Mailing Address:	
16021 SW 41ST ST	REET	160	21 SW 41ST STREET	
MIRAMAR, FL 330)27		MIRAMAR, FL 33027	
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual c	
The Limited Liability Company	cannot serve as its own active Florida registratio	Registered Agent. on.)	nt's Signature: You must designate an individual c	
The Limited Liability Company inother business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. on.)	nt's Signature: You must designate an individual c	
The Limited Liability Company inother business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. on.) I agent are:	nt's Signature: You must designate an individual c	
The Limited Liability Company inother business entity with an a	cannot serve as its own active Florida registration address of the registered Y	Registered Agent. on.) I agent are: CANELIS ROSA Name SW 41ST STREET	You must designate an individual o	
The Limited Liability Company inother business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. on.) I agent are: CANELIS ROSA Name SW 41ST STREET	You must designate an individual o	
The Limited Liability Company inother business entity with an a	cannot serve as its own active Florida registration address of the registered Y	Registered Agent. on.) I agent are: CANELIS ROSA Name SW 41ST STREET	You must designate an individual o	

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Yardi, ResoRegistered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	MATTHEW ROSA
	16021 SW 41ST STREET MIRAMAR, FL 33027
MGR	
MOR	YANELIS ROSA 16021 SW 41ST STREET
	MIRAMAR, FL 33027
effective date is listed, the date must be sp	of filing: 01/24/2022 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)	secific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be 1
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) If the date inserted in this block does not a cument's effective date on the Department	secific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be 1
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be lof State's records.
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CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed am aware that any false	ecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be I of State's records.
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CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed am aware that any false	meet the applicable statutory filing requirements, this date will not be lof State's records. Lis Rosa mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)