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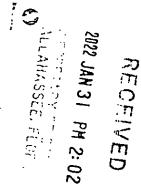
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COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT:	ERIC H. Do	eRose LLC nited Liability Company	
The enclose	ed Articles of Organization and fee(s) are	e submitted for filing.	
Please retur	rn all correspondence concerning this ma	tter to the following:	
	E	RIC Perose	
		Name of Person	
	ERIC H. D	Perose, LLC	
		· ······	
	3526 LANDS	Address LAN	<u>E</u>
	TALLA HASSEE	FL 32317	
	TALLA HASSEE edelose 9 6	ity/State and Zip Code O a mail. Com	
	E-mail address: (to be used	for future annual report notificati	on)
For further in	nformation concerning this matter, please	call:	
	ERIC DeRose at (S	rea Code Daytime Telephone	220 e Number
Enclosed is	s a check for the following amount:		
□\$125.00	Filing Fee	☐S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	A\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Di The Centre of Tallaha	
	277 Ston of Corporations		5 1 410

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
Ε	RICH. DeRose, LL ain the words "Limited Liability Com	. C		
(Must cont	ain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office of the Li	mited Liability Company is:		
Princip	al Office Address:	Mailing Address:		
3526 LAN	DS END LAWE	SAM E		
TALLAHAS	55 EE FL 32317			
(The Limited Liability Company another business entity with an a	ent, Registered Office, & Registered A cannot serve as its own Registered A active Florida registration.) address of the registered agent are: ERIC Perogramme 3526 LANDS EA Florida street address (P.O. Box STALLAHASS EE City State	gent. You must designate an individual of the second of th	SECRITARY SEC. FL	
	City State	Zip		
place designated in this certificat <mark>e</mark> , urther agree to comply with the pr	,	gistered agent and agree to act in this proper and complete performance of magent as provided for in Chapter 605, to be supported by the complete of the compl	capacity. I y duties, and I	
	(CONTINU	JED)		

Title:	Name and Address:
"AMBR" = Authorized Memb- "MGR" = Manager	er
AMB12	Eric Perose
<u></u>	
	3526 LANDS END LANE
	TALLAHASSEE, FL 32317
(Use attachment if necessary)	
CLEV: Effective date, if other tha	un the date of filing: (OPTIONAL)
حديده والمستعددة المستعددة والمستعددة والمستعدد والمس	nust be specific and cannot be more than five business days prior to or 90 days a
e of filing.)	does not must the applicable statutory filing requirements, this date will not be list
e of filing.) If the date inserted in this block	
e of filing.) If the date inserted in this block cument's effective date on the De	
e of filing.) If the date inserted in this block cument's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be list epartment of State's records.
e of filing.) If the date inserted in this block cument's effective date on the De	
e of filing.) If the date inserted in this block cument's effective date on the De	
e of filing.) If the date inserted in this block cument's effective date on the DeCLE VI: Other provisions, if any.	epartment of State's records.
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e of filing.) If the date inserted in this block cument's effective date on the DeCLE VI: Other provisions, if any. REQUIRED SIGNATURE:	epartment of State's records.
e of filing.) If the date inserted in this block cument's effective date on the DeCLE VI: Other provisions, if any. REQUIRED SIGNATURE:	re of a member or an authorized representative of a member.
re of filing.) If the date inserted in this block cument's effective date on the December of	epartment of State's records.

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)