

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H220001662013ABCU

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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

**\*\*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.  
WHITE ROSE STR PROPERTIES LLC**

**\*\*\*PLEASE PROVIDE  
THE ORIGINAL  
SUBMISSION DATE  
OF 5/9/2022\*\*\***

Certificate of Status	0
Certified Copy	1
Page Count	04
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INTEGRATIONS  
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SERVICES



May 9, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: WHITE ROSE STR PROPERTIES LLC  
REF: W22000059776

\*\*\*PLEASE PROVIDE  
THE ORIGINAL  
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OF 5/9/2022\*\*\*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The first manager cant be read. What is the name of the first manager?

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon FAX Aud. #: E22000166201  
Regulatory Specialist II Supervisor Letter Number: 722A00010661  
New Filing Section

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

WHITE ROSE STR PROPERTIES LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zachary Rose

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2810 E Oakland Park Blvd Suite 200

\_\_\_\_\_  
Address

Fort Lauderdale FL 33306

\_\_\_\_\_  
City/State and Zip Code

zach@researchitects.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zachary Rose

954

873-9007

\_\_\_\_\_  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

WHITE ROSE STR PROPERTIES LLC

(Must contain 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:**2810 E Oakland Park Blvd, #200  
Fort Lauderdale, FL 33306**Mailing Address:**2810 E Oakland Park Blvd, #200  
Fort Lauderdale, FL 33306**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:

Zachary Rose

Name

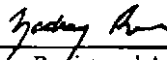
2810 E Oakland Park Blvd, #200Florida street address (P.O. Box **NOT** acceptable)Fort LauderdaleFL 33306

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)

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CLERK OF DISTRICT COURT  
FORT LAUDERDALE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

ZAR STR 2022 LLC

2810 E Oakland Park Blvd, #200

Fort Lauderdale, FL 33306

MGR

RMW STR 2022 LLC

2900 NE 24 CT.

FORT LAUDERDALE, FL 33305

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/9/2022. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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 s.817.155, F.S.

Zachary Rose

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)

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FLORIDA  
STATE