

L23000219321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

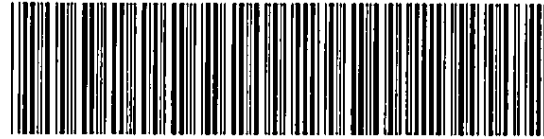
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
2023 MAY -1 PM 3:32
TALLAHASSEE, FLORIDA

2023

PM 2:16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2023

CORPORATION SERVICE COMPANY

RESUBMIT

Please give original
submission date as file date.

SUBJECT: ROSENZWEIG FINANCIAL SERVICES MANAGEMENT COMPANY,
LLC

Ref. Number: W23000063349

We have received your document for ROSENZWEIG FINANCIAL SERVICES
MANAGEMENT COMPANY, LLC. However, the document has not been filed
and is being returned for the following:

IN THE NAME IT APPEARS YOU HAVE MISPELLED SERVICES IF SO
PLEASE CORRECT THE SPELLING AND RESUBMIT THIS DOCUMENT,

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

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 823A00009752

2023 MAY 11 AM 11:20
P11 2:16
2023 MAY 11 AM 11:20
40

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 712694 4301184

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : May 1, 2023

ORDER TIME : 2:36 PM

ORDER NO. : 712694-005

CUSTOMER NO: 4301184

DOMESTIC FILING

NAME: ROSENZWEIG FINANCIAL SERVICES
MANAGEMENT COMPANY, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Rosenzweig Financial Services Management Company, LLC.

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:

Michael A. Zimmerman

Name of Person

Law Offices of Michael A. Zimmerman

Firm/Company

600 Third Avenue, 35th Floor

Address

New York, New York 10016

City/State and Zip Code

Michael@mazimmermanlaw.com

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

For further information concerning this matter, please call:

Michael A. Zimmerman

212

247-7272

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rosenzweig Financial Services Management Company, 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:

Mailing Address:

6828 Queenferry Circle
Boca Raton, Florida 33496

6828 Queenferry Circle
Boca Raton, Florida 33496

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:

Mr. Mickey Rosenzweig

Name

6828 Queenferry Circle

Florida street address (P.O. Box NOT acceptable)

Boca Raton

FL

33496

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)
Mickey Rosenzweig

(CONTINUED)

2023-11-11 PM 2:16

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:

AMBR, MGR

Mickey Rosenzweig
6828 Queenberry Circle
Boca Raton, Florida 33496

(Use attachment if necessary)

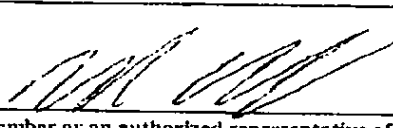
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Mickey Rosenzweig
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)

2023 JUN 1 PM 2:16