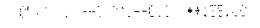
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2023 MAY 15 ::: 4:50
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: , New Filing Section Division of Corporations
SUBJECT: RoldE HousiE Linited Linklify Company 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:
Mame of Person
Rohdie Heusie L. L.C.
9 Rohde AUE. Address
Address
ST. AUGUSTINE FL. 32084
ST. MUGUSTINE FL. 32084 City/State and Zip Code
ANN. LARGENTGOE 9 MAIL COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANN LARGENT at (386) 693-68-57
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address Now Filips Section Division

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

ΑI	₹T	IC	L	E	J -	Name	:
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The name of the Limited Liability Company is:

Rohde House Limited Liability Company. "L.L.C.." or "LLC."

Mailing Address:

ARTICLE II - Address:

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

Principal Office Address:

9 Rohde Ave 9 Rohde Ave ST. AUGUSTINE FL. ST. AUGUSTINIE	FL.	ı
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 another business entity with an active Florida registration.)	00 20 20 20 20 20 20 20 20 20 20 20 20 2	2023 H
The name and the Florida street address of the registered agent are: ANN V. LARGENT	ETARY O	HAY 15 :
Name Pole Are. Florida street address (P.O. Box NOT acceptable)	FSTATE	64:4
ST. AUGUSTINE FL. 32084 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)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager Am3R	ANN V. LARGENT	
	ST. MIGUSTINE FL. 320FY	
AMBR	LOAYUE D. LARGENT 9 BOLDE RUE	
	ST PUGUSTIDE 320 BY	
		
		
		
(Use attachment if necessary)	may _	
ARTICLEV: Effective date, if other than the dat (If an effective date is listed, the date must be s the date of filing.)	te of filing:	s after
<u>Note:</u> If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be lat of State's records.	listed as
ARTICLE VI: Other provisions, if any.		
		_ _
REQUIRED SIGNATURE: /		_
SIGNATURE.	IV. Largent	
This document is exec I am aware that any fal-	nember or an authorized representative of a member. uted in accordance with section 605,0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State ce felony as provided for in s.817,155, F.S.	
AN	Typed or printed name of signee Either Research	T
	Filing rees:	
\$ 5.00 Certificate of Status (Option	organization and Designation of Registered Agent onal)	