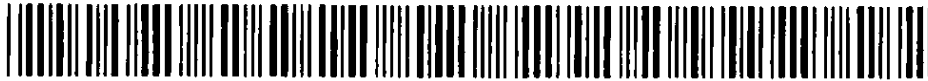


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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MAYNARD NEXSEN PC CORPORATION
Account Number : I20220000140
Phone : (407)647-2777
Fax Number : (407)647-2157

JJH
10/5/23

****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.
Rock Green Valley, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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2023 OCT -4 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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October 3, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAYNARD NEXSEN PC

SUBJECT: ROCK GREEN VALLEY, LLC
REF: W23000134824

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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please ensure the name of the company reflects the name active in our records.,

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

FAX Aud. #: H23000343783
Letter Number: 123A00022795

(H23000343783 3)

COVER LETTER

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

SUBJECT: Rock Green Valley, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregg I. Zuckerman

Name of Person

Rock Properties, Inc.

Firm/Company

145 Lincoln Ave Ste B

Address

Winter Park, FL 32789

City/State and Zip Code

GZuckerman@rockproperties.us

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

For further information concerning this matter, please call:

Karen M. Brown

407

740-3117

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

The name of the Limited Liability Company is:

Rock Green Valley, 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:145 Lincoln Ave Ste B
Winter Park, FL 32789**Mailing Address:**145 Lincoln Ave Ste B
Winter Park, FL 32789**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:

Maynard Nexsen PC Corporation

Name

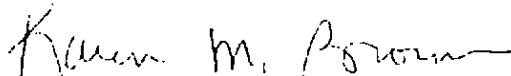
200 E. New England Avenue, Suite 300Florida street address (P.O. Box **NOT** acceptable)Winter ParkFL32789

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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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 _____

 Rock Properties, Inc.
 145 Lincoln Ave., Ste. B
 Winter Park, FL 32789

(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:

DocuSigned by

Gregg Zuckerman

04603074D1874E1

Signature of a member or an authorized representative of a member.

 This document is executed in accordance with section 605.0203 (:) (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.

Gregg I. Zuckerman

Typed or printed name of signer

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)

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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