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NAME: PROPCO AT COUNTRYSIDE LLC

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COVER LETTER

	ew Filing Sec ivision of Co				
SUBJECT	P	Countryside LLC			
300000	•	Name o	f Limited L	iability Company	
The enclos	sed Articles of	Organization and fee(s) ar e subm	itted for filing.	
Please retu	ım all correspo	ondence concerning th	is matter to	the following:	
	David R. Ph	illips, Esq.			
	-		Nan	ne of Person	
	Phillips, Hay	rden & Labbee, LLP			
			Firr	n/Company	
	19321 US H	ighway 19 North, Suit	e 301		
				Address	
	Clearwater,	FL 33764			
			City/Sta	te and Zip Code	
	eric@veritysl		used for fut	ure annual report notificat	ion)
For further i		ncerning this matter, p		are airmai report nources	
	David R. Phi		727	300-1399	
	Nam	e of Person		de Daytime Telephor	ne Number
Enclosed is	s a check for t	he following amount:			
≣\$ 125.00	Filing Fee	□\$130.00 Filing Fe Certificate of Status	s Co	\$155.00 Filing Fee & ertified Copy itional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address New Filing Section D	livision
	Divisio	on of Corporations ox 6327		The Centre of Tallah 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

Tallahassee, FL 32314

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PropCo at Country:				
(Must cor	ntain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited	Liability Company is:	
<u>Princi</u>	Principal Office Address:		Mailing Address:	
17901 Hunting Boy	w Circle, Suite 102	179	11 Hunting Bow Circle, Suite 1	102
Lutz, FL 33558		Lut	z, FL 33558	
The name and the Florida stree	_	on.) I agent are:	You must designate an individu	iai ()1
•	David R. Phillips, Es	nn.) d agent are: q. Name		iai (i
•	t address of the registered	on.) I agent are: q. Name 19 North, Suite 301		iai (i
•	David R. Phillips, Es	on.) I agent are: q. Name 19 North, Suite 301		iai (i
•	David R. Phillips, Es 19321 US Highway Florida street addres	on.) I agent are: q. Name 19 North, Suite 301 s (P.O. Box NOT a	cceptable)	iai (i

(CONTINUED)

ARTICLE IV-

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

"AMBR" = A "MGR" = Ma <u>MGR</u>	nthorized Member	
	nager	
MGR		
	Rosewood House II, Inc.	
	17901 Hunting Bow Circle, Suite 102	
	Lutz, FL 33558	
CLE V: Effective	date, if other than the date of filing: <u>January 11, 2024</u> . (OPTIONAL)	
effective date is t te of filing.) If the date inser	sted, the date must be specific and cannot be more than five business days prior to or 90 ded in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)