

L24000218362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

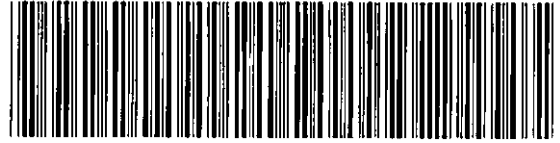
(Business Entity Name)

(Document Number)

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05/07/24--01016--007 \*\*125.00

## **COVER LETTER**

**Tracy Weichman, AMBR**

**John Weichman, AMBR**

**Kristyn Ritchie, MGR**

**8855 S. Rock Point**

**Floral City, Florida 34436**

**727-798-6267**

**COVER LETTER**

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

**SUBJECT:** SOUTH ROCK RANCH 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:

TRACY WEICHMAN

Name of Person

SOUTH ROCK RANCH LLC

Firm/Company

8855 S ROCK POINT

Address

FLORAL CITY, FL 34436

City/State and Zip Code

TRACYWEICHMAN@YAHOO.COM

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

For further information concerning this matter, please call:

TRACY WEICHMAN 727 798-6267  
Name of Person at ( ) 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:

SOUTH ROCK RANCH 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:**

8855 S ROCK POINT  
FLORAL CITY, FL 34436

**Mailing Address:**

8855 S ROCK POINT  
FLORAL CITY, FL 34436

**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:

TRACY WEICHMAN

Name

8855 S ROCK POINT

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

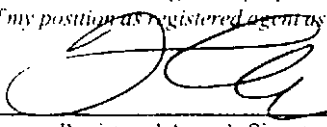
FLORAL CITY                      FL                      34436

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)

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

AMBR

TRACY WEICHMAN  
8855 S ROCK POINT  
FLORAL CITY, FL 34436

AMBR

JOHN WECHMAN  
8855 S ROCK POINT  
FLORAL CITY, FL 34436

MGR

KRISTYN RITCHIE  
5135 S ALLIGATOR PLACE  
FLORAL CITY, FL 34436

(Use attachment if necessary)

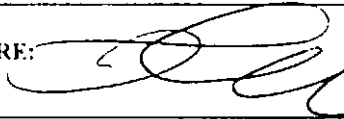
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Tracy Weichman

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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