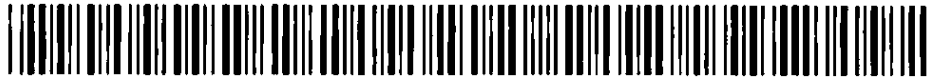


Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000298015

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

(((H24000225309 3)))



H2400022530934EC.

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 : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

2024 JUL -3 AM 10:58

RECEIVED

CORPORATION
COMMERCIAL
SERVICES

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jhilbert@shumaker.com

FLORIDA LIMITED LIABILITY CO.

Roses Properties, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 JUL -3 PM 4:42

Electronic Filing Menu

Corporate Filing Menu

Help

2024/07/03 10:04:06 7 /7

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
July 2, 2024 at 9:34:57 AM EDT

REMOTE CSID
850-617-6381

DURATION
42

PAGES
1

STATUS
Received

850-617-6381

7/2/2024 9:34:19 AM

PAGE

1/001

Fax Server



July 2, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SHUMAKER, LOOP & KENDRICK LLP

SUBJECT: ROSES PROPERTIES LLC
REF: W24000098035

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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P94000079084.

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

Frantz Clerjuste
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000225309
Letter Number: 924A00014411

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 JUL -2 PM 4:42

H24000225309 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Roses Family Properties, 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:

Jenna Feller

Name of Person

Shumaker, Loop & Kendrick, LLP

Firm/Company

1000 Jackson Street

Address

Toledo, Ohio 43604

City/State and Zip Code

jhilbert@shumaker.com

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

For further information concerning this matter, please call:

Jenna Feller

419

321-1439

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

H24000225309 3

H24000225309 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Roses Family Properties, 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:15062 SW 54th Street15062 SW 54th StreetMiramar, Florida 33027Miramar, Florida 33027

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:

John W. Hilbert II

Name

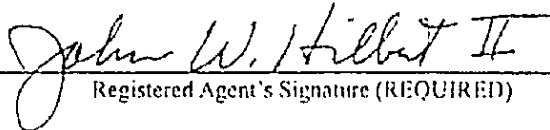
17056 Marina Cove LaneFlorida street address (P.O. Box **NOT** acceptable)Fort MyersFlorida33908

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)

H24000225309 3

H24000225309 3

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

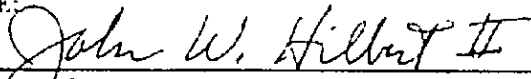
"MGR" = Manager

Name and Address:MGR
Miguel A. Fernandez
15062 SW 54th Street
Miramar, Florida 33027

(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.None**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.

John W. Hilbert II

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

H24000225309 3