

L24000 303318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

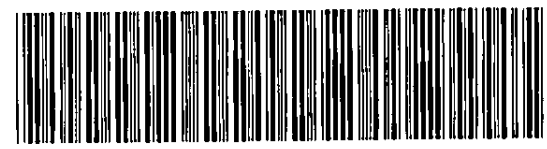
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200430090732

FILED
2024 JUL 10 AM 9:47
STATE OF FLORIDA
TALLAHASSEE, FL

RECEIVED
2024 JUL 10 AM 8:18
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

10/10/2024 11/7

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00__

AUTHORIZATION SIGNATURE: Jan Fuller

South Rock LLC
BUSINESS (Name)

Document #

Walk in Pick up time

Mail out Will wait

Photocopy

Certified copies of:

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Corp
- LLP

INC

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTIL () _____
Country

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion

REGISTRATION/QUALIFICATIONS

- Foreign Filing
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUL 10 AM 9:47

FILED

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00__

AUTHORIZATION SIGNATURE: _____
Jan [Signature]

South Rock LLC
BUSINESS (Name)

Document #

- Walk in
- Mail out
- Photocopy
- Pick up time _____
- Will wait

Certified copies of:

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Corp**
- LLP

INC

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

- Foreign Filing
- Limited Partnership
- Reinstatement
- Trademark
- Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SOUTH ROCK ROAD 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Thomas Murphy 305 4329500
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

2024 JUL 10 AM 9:47
 FILED
 DIVISION OF STATE
 TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTH ROCK ROAD 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:

2299 South Rock Road
Fort Pierce, FL 34945

8586 Potter Park Drive
Sarasota, FL 34238

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:

ALPHA VIRTUAL LLC

Name

8586 Potter Park Drive

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

Sarasota

FL

34238

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

NOT RECORDED
FILED

2024 JUL 10 AM 9:47

FILED

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

MGR

Thomas P. Murphv Jr
7721 Polo Club Lane
Sarasota, FL 34240

MGR

Jennifer A Conklin
16207 Clearlake Ave
Lakewood Ranch, FL 34202

(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.)

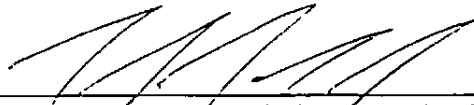
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

FILED
STATE
2024 JUL 10 AM 9:47

FILED

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.

Thomas P Murphv Jr

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)