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(Requestor's Name)	
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WAIT	MAIL MAIL
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Certificates of S	Status
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WALK IN

PICK UP: **MISTY** 9/3 XX**CERTIFIED COPY PHOTOCOPY** CUS XX**FILING** LLC 1. 1102 ROME AVE LLC (CORPORATE NAME AND DOCUMENT #) 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT#) 5. (CORPORATE NAME AND DOCUMENT #) 6. (CORPORATE NAME AND DOCUMENT #) SPECIAL INSTRUCTIONS:

COVER LETTER

. . .

	lew Filing Section Division of Corporations			
SUBJECT	1102 Rome Ave LLC			
SOBJECT	Name of Lin	nited Liabili	ty Company	-
The enclos	sed Articles of Organization and fee(s) are	e submitt ed	for filing.	
Please retu	orn all correspondence concerning this ma	itter to the fe	ollowing:	
	Brian E. Langford, Esq.			
	·	Name of	Person	
	Langford & Myers, P.A.			
		Firm/Cor	npany	282
	1715 West Cleveland Street			2824 SEP -3 SECILE INR TALLIAHA
		Addre	ss	—————————————————————————————————————
	Tampa, FL 33606			AH SSEE
		ity/State and	Zip Code	1
	brian@langfordmyers.com	C C:		
	E-mail address: (to be used		inual report notification)	
For further i	nformation concerning this matter, please	call:		
	Brian E. Langford, Esq. 81		251-5533	
	Name of Person Ar	rea Code	Daytime Telephone Number	
Enclosed is	s a check for the following amount:			
□\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	d Copy Certif l copy is enclosed) Certifi	0.00 Filing Fee, icate of Status & ed Copy nal copy is enclosed)
	Mailing Address		Street Address New Filing Section Division	
	New Filing Section Division of Corporations P.O. Box 6327	•	The Centre of Tallahassee 415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1102 Rome Ave LLC (Must conta	in the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address:			,	
The mailing address and street ad	idress of the principal c	office of the Limited L	iability Company is:	
<u>Principa</u>	al Office Address:		Mailing Addr	ress:
1311 N Westshore Bl	vd	1311	N Westshore Blvd	
Suite 200		Suite :	· · · · · · · · · · · · · · · · · · ·	
Tampa, FL 33607		Tamp	a, FL 33607	
The name and the Florida street a	address of the registered	d agent are:		1024 SEP -3 APS SECT TARY OF INTERPRETATION OF THE PROPERTY OF
	Brian E. Langford 1715 West Cleveland Florida street address	Name d Street ss (P.O. Box <u>NOT</u> acc	ceptable)	AM 9: 47 (OF STATE SSEE, FL
	1715 West Cleveland Florida street addres	d Street	ceptable)	
	1715 West Cleveland	d Street is (P.O. Box <u>NOT</u> acc	•	

(CONTINUED)

E V: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days filer filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be litted a ment's effective date on the Department of State's records.	<u>Title:</u>	Name and Address:	
Chad Rupp 1311 N Westshore Blvd., Suite 2000			
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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)

ARTICLE IV-