Division of Corporations

L24000479159

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : MAYNARD NEXSEN PC
Account Number : I20220000140
Phone : (407)647-2777
Fax Number : (407)647-2157

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

Email Address: _____

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TALLAHASSEE, FLORIDA

RECEIVED
2024 NOV 13 PM 3:10
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.**

**Rock Bayside Lakes 2, LLC**

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

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November 13, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAYNARD NEXSEN PC
200 E. NEW ENGLAND AVE., STE 300
WINTER PARK, FL 33789US

SUBJECT: ROCK BAYSIDE LAKES 2, LLC
REF: W24000152650

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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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

Matthew H Hitchcock
Regulatory Specialist II
New Filing Section

FAX Aud. #: H24000374993
Letter Number: 824A00024796

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TALLAHASSEE, FLORIDA

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# COVER LETTER

TO: Division of Corporations

SUBJECT: Rocky Ridge LLC
Name of Limited Liability Company

The enclosed Certificate of Organization is submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen M. Brown
Name of Person

Maynard Nexsen PC
Firm/Company

200 West Forsyth Street, Suite 1700
Address

Jacksonville, FL 32202
City/State and Zip Code

kbrown@maynardnexsen.com
E-mail address (to be used for future annual report notification)

For further information concerning this letter, please call:

Karen M. Brown 407 740-3117
Name of Person Area Code and Daytime Telephone Number

Enclosed are the following:

☒ $125.00 Filing Fee ☐ $130.00 Filing Fee and ☐ $155.00 Filing Fee ☐ $160.00 Filing Fee
Certified Copy Certificate of Status Certified Copy (additional copy is required) Certificate of Status (additional copy is required)

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TALLAHASSEE, FLORIDA

Mail Address:
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Street Address:
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Rock Bayside Lakes 2, 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: |
|---|---|
| 145 LINCOLN AVE | 145 LINCOLN AVE |
| SUITE B | SUITE B |
| WINTER PARK, Florida 32789 | WINTER PARK, Florida 32789 |

**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:

Maynard Nexsen PC corporation
Name

200 E. NEW ENGLAND AVE., STE. 300
Florida street address (P.O. Box NOT acceptable)

WINTER PARK, FL 32789
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..*

Karen M. Brown
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

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**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<br>"MGR" = Manager | |
| MGR | Rock Ventures, LLC<br>145 Lincoln Ave Ste B<br>Winter Park, FL 32789 |

(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.

Gregg Zuckerman
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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