

# P23000031416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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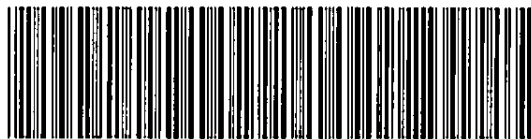
(Business Entity Name)

(Document Number)

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S. CHATHAM  
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2023 APR 19 AM 11:14  
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 687019 4363870

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : April 19, 2023

ORDER TIME : 2:34 PM

ORDER NO. : 687019-005

CUSTOMER NO: 4363870

DOMESTIC FILING

NAME: ROSEBUD MANAGEMENT, INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Rosebud Management, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Kenneth Richman  
Name (Printed or typed)

330 North Wabash Avenue, 21st Floor

Address

Chicago, Illinois 60611

City, State & Zip

(312) 840-7037

Daytime Telephone number

lbush@burkelaw.com

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

**NOTE: Please provide the original and one copy of the articles.**

2023 APR 19 AM 11:14

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Rosebud Management, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2001 Spanish River Road, Boca Raton, Florida 33432

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful purpose for which a corporation may be formed and  
permitted to conduct business under the Florida Act.

**ARTICLE IV SHARES**

The number of shares of stock is: 100.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Alex Dana, Director and President,  
Secretary and Treasurer

Address: \_\_\_\_\_ Address: \_\_\_\_\_

2001 Spanish River Road,  
Boca Raton, Florida 33432

Name and Title: Phyllis Calabrese, Vice President  
and Assistant Secretary

Address: \_\_\_\_\_ Address: \_\_\_\_\_

1419 W. Diversey Parkway  
Chicago, Illinois 60614

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SEC. OF STATE  
MAIL ROOM

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: John Karras

Address: 330 N. Wabash Avenue, 21st Floor  
Chicago, Illinois 60611

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TALLAHASSEE  
FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the 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.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Alexxis Weiland-Jensen, ACP

Required Signature/Registered Agent

04/19/2023

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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 Karras

DFEEC208BE3A47E

Required Signature/Incorporator

Date \_\_\_\_\_