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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

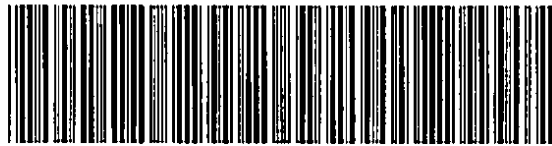
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12/28/21 -01025--019 **125.00

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[Handwritten signature and scribbles]

ROSE INSURANCE AGENCY d/b/a ROSE INSURANCE
AGENCY & FINANCIAL SERVICES, LLC
P O BOX 4212
HOLLYWOOD, FLORIDA 33083

December 10, 2021

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

RE: ROSE INSURANCE AGENCY d/b/a ROSE INSURANCE
AGENCY & FINANCIAL SERVICES, LLC

Dear Sir/Madam:

Kindly return all correspondence concerning this matter to the following:


DENISE WHITE
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

For further information concerning this matter, please call:

Denise White at: (786) 487-7929

Enclose is an Original and One (1) copy of the Articles of Organization for Florida
Limited Liability Company and filing fee in the amount of \$125.00.

Yours truly,


Denise White

/dw
Enclosures (CK 969)

2022 JAN 12 PM 3:51
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RECEIVED

2022 JAN 12 AM 8:01

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FL

December 27, 2021

DENISE WHITE
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

SUBJECT: ROSE INSURANCE AGENCY D/B/A ROSE INSURANCE AGENCY
& FINANCIAL SERVICES, LLC
Ref. Number: W21000161342

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We have received your document for ROSE INSURANCE AGENCY D/B/A ROSE INSURANCE AGENCY & FINANCIAL SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 421A00031086

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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - NAME:

The name of the Limited Liability Company is:

ROSE INSURANCE AGENCY ^{LLC} ~~LLC~~ ~~ROSE INSURANCE AGENCY~~
& ~~FINANCIAL SERVICES, LLC~~

ARTICLE II - Address:

The mailing address of the principal office of the limited Liability Company is:

DENISE D WHITE
P O BOX 4212
HOLLYWOOD, FL 33083

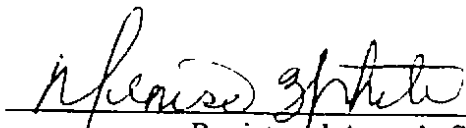
1210 NW 179th Terrace
Miami Gardens, FL 33169

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is/are:

DENISE D WHITE
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

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 608, Florida Statutes.



Registered Agent's Signature

ARTICLE IV - Management:
(check and complete the appropriate statement)

 The Limited Liability Company is to be managed by a manager or managers and the names(s) and address (es) of such manager(s) who is/are to serve as managers(s) is/are:

“MGR” Manager - DENISE D WHITE
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

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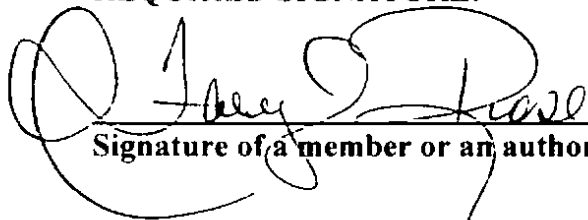
 The Limited Liability Company is to be managed by the members and the name(s) and address (es) of the managing members(s) is/are:

Managing Member

FARYL ROSE
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

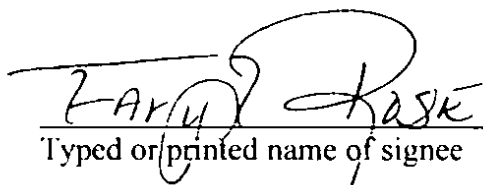
NOTE: An additional article must be added if any effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



Typed or printed name of signee