Documen Numb C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, Florida 32301 500002181345--1 -05/16/97--01064--008 ****285.00 ****285.00 Phone City State **CORPORATION(S) NAME** () Profit () Merger () Amendment () NonProfit Limited Liability Company () Dissolution/Withdrawal () Mark (Foreign () Other () Annual Report () Limited Partnership () Reservation () Change of R.大 () Reinstatement () Fictitious Name () Limited Liability Partnership () CUS () Photo Copies () Certified Copy () After 4:30 () Cail if Problem () Call When Ready () Will Wait Pick Up Walk In () Mail Out Name Availability PLEASE RETURN EXTRA COPY(S FILE STAMPE Document Examiner 5-12-57

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Acknowledgment

N.P. Verifler

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 12, 1997

NOM.

C T CORPORATION SYSTEM 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301

SUBJECT: ROBERTSON & ASSOCIATES, L.C.

Ref. Number: W97000010888

We have received your document for ROBERTSON & ASSOCIATES, L.C. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

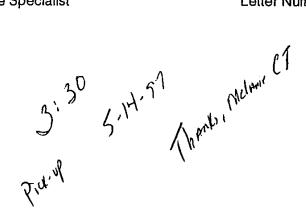
If you have any questions about the availability of a particular name, please call (904) 488-9000.

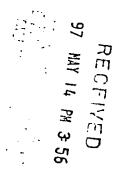
If you have any questions concerning the filing of your document, please call (904) 487-6934.

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Loria Poole Corporate Specialist

Letter Number: 797A00025234





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company Is: Robertson & Partners, L.L.C.

ARTICLE II - Address

The mailing address of the principal office of the Limited Liability Company is: 855 South Federal Highway, Suite 206, Boca Raton, Florida 33432

ARTICLE III - Duration

The date of dissolution of the Limited Liability Company shall be: 12/31/2037

ARTICLE IV - Management

The Limited Liability Company is to be managed by management. The name and address of the sole manager is: Kenneth H. Robertson, 855 South Federal Highway, Suite 206, Boca Raton, Florida 33432

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is: C T CORPORATION SYSTEM, 1200 South Pine Island Road, Plantation, Florida 33324

ARTICLE VI - Registered Office

The street address of the initial registered office of the Limited Liability Company is: c/o C T CORPORATION SYSTEM, 1200 South Pine Island Road, Plantation, Florida 33324

Dated as of the $\underline{\mathcal{Q}}$ day of May, 1997.

Kenneth H. Robertson, Manager

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Robertson & Partners,

L.L.C. deposes and says:

- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the member(s) is \$1,000.00.
- if any, the agreed value of property other than cash contributed by member(s) is \$0.00. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$1,000.00 This total includes amounts from 2 and 3 above.

Kenneth H. Robertson, member

FILING FEE: \$ 250 for Articles of Organization and Affidavit

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

C T CORPORATION SYSTEM

Ву	Jones M. Hof		1497 - 05 -0 9	
	V		(Date)	
		JAMES M HALPIN		
		(Type name of offi	icer)	
		ASST SECY		
		(Title of Officer)		

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