

L00006006014

Robert Palmer LLC
 Requestor's Name
 484 Grandview Ave
 Address
 Ormond Bch, FL 32176
 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #) **800003246298--0**
-05/18/00-01026--002
***105.00 ***105.00
- _____
(Corporation Name) (Document #) **W-12321**
May 15, 2000
- _____
(Corporation Name) (Docur) **100003258351--9**
-05/18/00-01133--001
*****25.00 *****25.00

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 00 MAY 25 AM 9:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Ymtu
5/25

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 11, 2000

ROBERT PALMER LLC
484 GRANDVIEW AVE.
ORMOND BEACH, FL 32176

SUBJECT: ROBERT PALMER LLC
Ref. Number: W00000012321

We have received your document for ROBERT PALMER LLC and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$20.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The registered agent must sign accepting the designation.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 000A00026372

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 25 AM 8:55

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: Name:

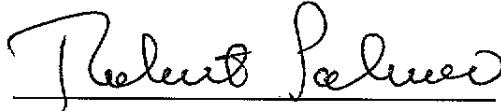
The name of the limited Liability Company is: **Robert Palmer LLC**

ARTICLE II: Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 484 Grandview Avenue, Ormond Beach, Florida 32176

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

The registered agent is Robert Palmer at 484 Grandview Avenue, Ormond Beach, Florida. 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, FS.



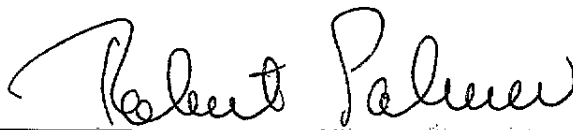
Registered Agent's Signature

ARTICLE IV - Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

ARTICLE V - Effective Date:

The effective date of organization is May 1, 2000.



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.)

Robert Palmer

Typed or printed name of signee

FILED
00 MAY 25 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES

- \$100.00 Filing Fee for Articles of Organization
- \$25.00 Designation of Registered Agent
- \$30.00 Certificate Copy (Optional)
- \$5.00 Certificate of Status (Optional)