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TALLAHASSEE, FLORIDA

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(Business Entity Name)

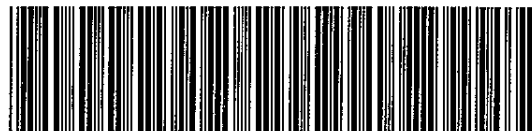
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ROBINSON CAPITAL, LLC

03 FEB 14 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

11930 NORTH BAYSHORE DRIVE, APT 1404, NORTH MIAMI, FL 33181

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

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

SAMUEL ROBINSON

Name

11930 NORTH BAYSHORE DRIVE APT # 1404

Florida street address (P.O. Box NOT acceptable)

NORTH MIAMI

FL 33181

City, State, and 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 608, F.S.*

*Samuel Robinson*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

*Samuel Robinson*

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.)

SAMUEL ROBINSON

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)