

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

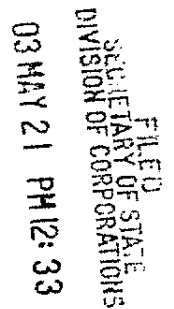
☐ WAIT☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Office Use Only



Robin Rentals, LLC.
2016 Rebecca Dr.
Clearwater, FL 33764
Phone: 727-298-0222
Fax : 727-298-0339

May 19, 2003

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

Dear Sirs:

Please use the above address and telephone numbers for all contact and correspondence with Robin Rentals, LLC.

Sincerely,



Ellen Edmondson

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 21 PM 12:33

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROBIN RENTALS, LLC.

ARTICLE II - Address:

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

2016 REBECCA DR. CLEARWATER, FL 33764

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

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

RICHARD R. CRITES

Name

2016 REBECCA DR.

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

CLEARWATER FL 33764

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.

Richard R. Crites

Registered Agent's Signature

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

Ellen Edmondson

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.)

ELLEN EDMONDSON

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)

FILED
STATE
CLERK OF CORPORATIONS
MAY 21 PM 12:33