

LO3000043218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

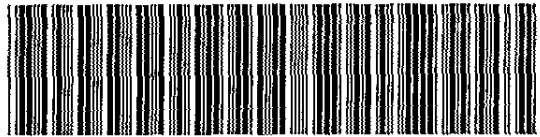
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900024153719

11/04/03--01079--002 **155.00

FILED
03/04/04 PM 1:41
TOLSON
U.S. DEPT. OF JUSTICE

LO3-43218
CJL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBERT DAVIDSON, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTINA HENDRIX
(Name of Person)

CAS ACCOUNTING SERVICE
(Firm/Company)

1930 LAND O' LAKES BLVD, Ste 11
(Address)

LUTZ, FL 33549-2923
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINA HENDRIX at (813) 949-9809
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV -4 PM 1:12

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROBERT DAVIDSON, LLC

ARTICLE II - Address:

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

Principal Office Address:

24805 GEORGE RD.
LAND O' LAKES, FL
34639

Mailing Address:

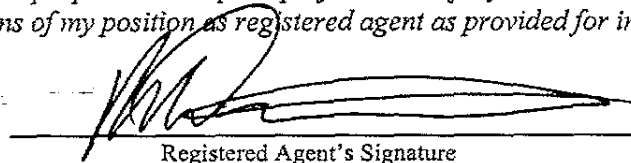
P.O. Box 1334
LUTZ, FL
33548-1334

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

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

ROBERT M. DAVIDSON
Name
24805 GEORGE RD
Florida street address (P.O. Box NOT acceptable)
LAND O' LAKES FL 34639
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.


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

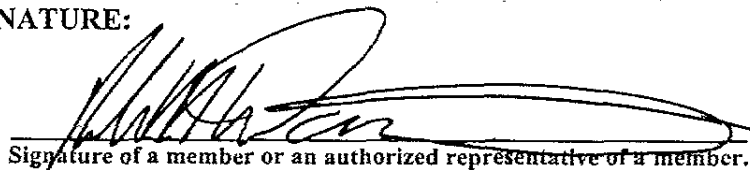
Name and Address:

ROBERT M. DAVIDSON
24805 GEORGE RD.
LAND O' LAKES, FL 34639

(Use attachment if necessary)

NOTE: An additional article must be added if an 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.)

ROBERT M. DAVIDSON
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)

SECRET
RECEIVED
FLORIDA

03 NOV 4 09 14

FILED