

W03 000054042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

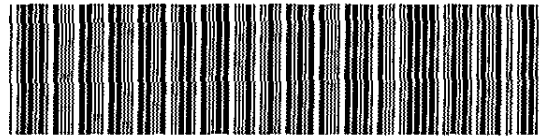
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W03-54042  
CR

EFFECTIVE DATE  
12-5-03

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROBERT ROWE, L.L.C.  
(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:

Helen Watson  
(Name of Person)

A Better Business & Tax Service, Inc.  
(Firm/Company)

600 Goodlette Road N., Ste. 104  
(Address)

Naples, Florida 34102  
(City/State and Zip Code)

For further information concerning this matter, please call:

Helen Watson at ( 239 ) 263-0829  
(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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ROBERT ROWE, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

4229 30th Avenue SW

Naples, FL 34116

**Mailing Address:**

4229 30th Avenue SW

Naples, FL 34116

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

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

Robert Rowe

Name

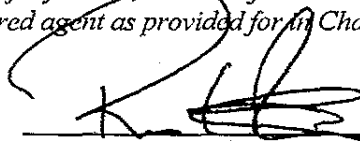
4229 30th Avenue SW

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

Naples, FLORIDA 34116

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, Florida Statutes..*



Registered Agent's Signature

03 FEB 2003 14:20  
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TALLAHASSEE, FLORIDA

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EFFECTIVE DATE  
12.5.03

**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

**Name and Address:**

**MGRM**

**Robert Rowe**

**4229 30th Avenue SW**

**Naples, FL 34116**

(Use attachment if necessary)

**ARTICLE V-Commencement of Existence**

The L.L.C. shall be deemed to commence on the 5th day of December, 2003

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 Rowe, Managing Member**

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)

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TALLAHASSEE, FLORIDA

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