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DIVISION OF BUILD ANTION



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Robertson	Brazwell	UC

OU HAY -3 PH 4: 24
TALLAHASSEE, FLORIDA

<u> </u>	
Signature  Requested by: 5/3  Name Date Time	Art of Inc. File
Walk-In Will Pick Up	Courier



OM THE 24's The undersigned, being authorized to execute and file these Articles, hereby that:

#### ARTICLE I - NAME:

The name of the Limited Liability Company is Robertson Brazwell, L.L.C.

#### **ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is 2810 Copter Road, Pensacola, Florida 32514.

#### ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

#### ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the member and the name and address of the managing member is:

> Wilson B. Robertson Post Office Box 7548 Pensacola, Florida 32534

### ARTICLE V - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:

The street address of the initial registered office of this corporation in the State of Florida and the name of its initial registered agent at that office is as follows:

> Wilson B. Robertson 2810 Copter Road Pensacola, Florida 32514

Having been named as registered agent and to accept service or 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.

WILSON B. ROBERTSON
Registered Agent

STATE OF FLORIDA

COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 30th day of April , 2004, by Wilson B. Robertson, who is personally known to me or who produced driver's ficence as identification.

LINDA A. CREWS
Notary Public-State of FL
Comm. Exp. Oct. 17, 2004
Comm. No. DD 012211

Sign: JAGGA CICUS

Print: CINDA A CICUS

NOTARY PUBLIC - STATE OF FLORIDA

My Commission Expires: 10-17-04

My Commission Number: DD012311