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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

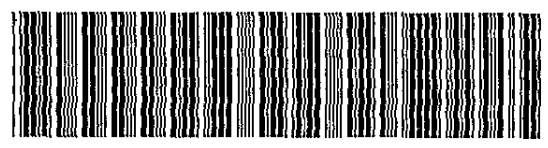
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 28 PM 2:00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Benjamin Robson, 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:

Benjamin Robson
(Name of Person)

Benjamin Robson, LLC
(Firm/Company)

P.O. Box 1691
(Address)

Old Town, FL 32680
(City/State and Zip Code)

For further information concerning this matter, please call:

Benjamin Robson at (352) 542-0546
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS
04 SEP 28 PM 2:00

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Benjamin Robson, LLC

ARTICLE II - Address:

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

Principal Office Address:

3361 N.E. 272 Ave
Old Town, Fl. 32680

Mailing Address:

P.O. Box 1691
Old Town, FL 32680

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

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

Benjamin Robson
Name

3361 N.E. 272 Ave
Florida street address (P.O. Box NOT acceptable)

Old Town, FLORIDA 32680
City, State, and Zip

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
SEP 28 P 2:00

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..

Benjamin Robson
Registered Agent's Signature

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

Benjamin Robson
P.O. Box 1696
Old Town, FL 32680

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Benjamin Robson
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.)

Benjamin Robson
Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 28 PM 2:00

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)