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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Robert D. Perkins, Realtor LLC			
	Liability Company)		
·	• •		
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Robert D. Perkins			
	Name of Person)	<del></del>	
Robert D. Perkins, Realtor LLC			
	Firm/Company)		
5757 66th St. N Lot 102			
	(Address)		
St. Petersburg, FL 33709-1530			
(City/	State and Zip Code)		
For further information concerning this matter, please	call:		
Robert D. Perkins	at (727 <u>548-2754</u> (Area Code & Daytime Te		
(Name of Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a check for the following amount:			
<b>☼</b> \$125.00 Filing Fee  □ \$130.00 Filing Fee & Certificate of Status	S \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status &	
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
STREET ADDRESS:	MAILING AT	nnbree.	
Registration Section		MAILING ADDRESS: Registration Section	
Division of Corporations Division of Corporations			
409 E. Gaines Street	P.O. Box 6327	,	
Tallahassee, Florida 32399	Tallahassee, F	lorida 32314	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:	
Robert D. Perkins, Realtor LLC		
ARTICLE II - Address:		
	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Robert D. Perkins, Realtor LLC	Robert D. Perkins, Realtor LLC	
5757 66th St. N Lot 102	5757 66th St. N Lot 102	
St. Petersburg, FL 33709-1530	St. Petersburg, FL 33709-1530	
Robert D. Perkins	Name	
5757 66th St. N Lot 1		
	street address (P.O. Box NQT acceptable)	
St. Petersburg, FL 33709-1530 FI		
City, State, and Zip		
	t and to accept service of process for the above stated limited	

(CONTINUED)

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## 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:
MGR	Robert D. Perkins
-	5757 66th St. N Lot 102
	St. Petersburg, FL 33709-1530
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
Robert	D. Parking
Signature of a memor	er or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
Robert D. Perkins	
T	yped or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)