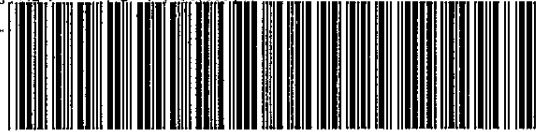


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SECRETARY OF STATE  
TALL



800050232988

(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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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONNIE M. ROBERTSON, LLC  
(Name of Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

CONNIE ROBERTSON

(Name of Person)

CONNIE M. ROBERTSON, LLC

(Firm/Company)

8117 COUNTRY MILL COVE

(Address)

CORDOVA, TN 38016

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE ROBERTSON

(Name of Person)

at (901) 550 2249

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:  
Registration Section  
Division of Corporations  
3901 G. M. B. Street  
Tallahassee, Florida 32399

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 1227  
Tallahassee, Florida 32314

**FILED**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CONNIE M. ROBERTSON LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

CONNIE ROBERTSON  
1225 PROSPECT PROMENADE  
PANAMA CITY BEACH, FLA

**Mailing Address:**

CONNIE ROBERTSON  
8117 COUNTRY MILL COVE  
CORDOVA, TN 38016

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

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

CONNIE M. ROBERTSON  
Name  
1225 PROSPECT PROMENADE  
Florida street address (P.O. Box **NOT** acceptable)  
PANAMA CITY BEACH FL 32413  
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..*

Connie M. Robertson  
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

**Name and Address:**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR

CONNIE M. ROBERTSON  
1225 PROSPECT DRIVE  
PANAMA CITY BEACH, FL 32413

MGRM

CONNIE M. ROBERTSON  
8117 COUNTRY MILL COVE  
CORDOVA, TN 38016

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Connie M. Robertson

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.)

CONNIE M. ROBERTSON

Typed 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)**