

W050000061947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

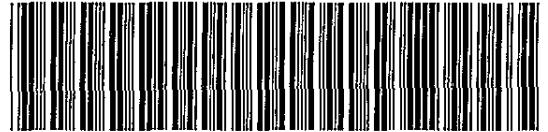
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000055806260

06/16/05--01013--015 **155.00

RECEIVED
JUN 16 2005
10:15 PM '05

W05-61947
JL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBERT G. NEWLAN 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:

ROBERT G. NEWLAN
(Name of Person)

ROBERT G. NEWLAN LLC.
(Firm/Company)

3750 COHEN DR
(Address)

ZELLWOOD FLA 32798
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT G. NEWLAN at (407) 464-9240
(Name of Person) (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
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JUN 16 PM 2:10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROBERT G. NEWLAN LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3750 COHEN DR
ZELLWOOD FLA.
32798

3750 COHEN DR.
ZELLWOOD FLA.
32798

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

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

ROBERT G. NEWLAN
Name

3750 COHEN DR
Florida street address (P.O. Box **NOT** acceptable)

ZELLWOOD FL 32798
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.

Robert G. Newlan
Registered Agent's Signature

(CONTINUED)

2015 JUN 15 PM 5:10
COMMERCIAL
CLERK
TAMM

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 G. NEWLAN
3750 COHEN DR.
ZELLWOOD FLA 32798

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Robert G. Newlan
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 G. NEWLAN
Typed or printed name of signer

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)

RECORDED BY GFD/STP
FLORIDA SECRETARY OF STATE
JUN 15 PM 2:10
2011