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SECRETARY OF STATE

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TRANSMITTAL LETTER

TO: Registration Se Division of Cor		-		
SUBJECT: L.V. ROB	INSON, LLC (Name of Limited	I Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.		
Please return all correspondent	ondence concerning this matte	r to the following:		
L.V. ROE	BINSON			
_	C	Name of Person)		
	(1	Firm/Company)		
241 N.W. 19	ST AVE.			
		(Address)		
DELR	AY BEACH, FL 33444			
		State and Zip Code)		
For further information of	concerning this matter, please	call:		
L.V. ROBINSON		at (561) 704	1-8353, =	
	of Person)	(Area Code & Daytime To	elephone Number CRE AHAT	77
Enclosed is a check fo	r the following amount:		M 2. TAR	
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee Certificate of Status & Certified Copy (additional copy if enclosed)	
STRE	ET ADDRESS:	MAILING A	DDRESS:	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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



June 14, 2005

L.V. ROBINSON 241 N.W. 1ST AVE DELRAY BEACH, FL 33444

SUBJECT: L.V. ROBINSON, LLC Ref. Number: W05000029284

We have received your document for L.V. ROBINSON, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 705A00041215

Diane Cushing Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is	:
L.V. ROBINSON, LLC	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
241 N.W. 1ST AVE.	241 N.W. 1ST AVE.
DELRAY BEACH, FL 33444	DELRAY BEACH, FL 33444
An ignor of the figure of the	
The name and the Florida street address of the L.V. ROBINSON Name	registered agent are:
241 N.W. 1ST AVE.	
Florida street ad	dress (P.O. Box NOT acceptable)
DELRAY BEACH, 33444	FL AR S
City, State,	and Zip E
	<i>in ></i>

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manage "MGRM" = Mana		Name and Address:	
MGRM	- 4: +	L.V. ROBINSON 241 N.W. 1ST AVE.	- يوس
		DELRAY BEACH, FL 33444	
MGRM	·	ANTHONY M. AGUILAR 239 N.W. 1ST AVE.	
		DELRAY BEACH, FL 33444	•
MGRM		DARON L. ROBINSON	*
		241 N.W. 1ST AVE. DELRAY BEACH, FL. 33444	
			•
(Use attachment i	f necessary)		
NOTE: An addi	tional article must be a	added if an effective date is requested.	
REQUIRED SIG	NATURE:		
	LV. RA- Signature of a member or	an authorized representative of a member.	
	(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution of an affirmation under the penalties of perjury of a retrue.)	
	L.V. ROBINSON Typed	or printed name of signee	2 -
Filing Fees:		FLOR	T C

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

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