

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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05 AUG 25 PM 2:24
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

robyn millman & associates llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ROBYN MUMMA - ASSOCIATES 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:**9514 SW 1 Place
CORN SPRINGS FL
32071**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ROBYN MUMMA
Name
9514 SW 1 Place
Florida street address (P.O. Box NOT acceptable)
CORN SPRINGS FL 32071
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 609, F.S..

Robyn Mumma
Registered Agent's Signature pm

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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:

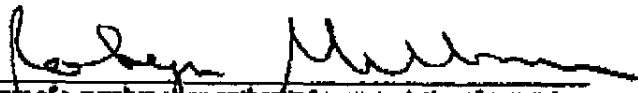
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGR
Robyn M. Munn
9514 SW 1 Place
Orlando Springs FL 33071

(Use attachment if necessary)

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

 Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robyn M. Munn
 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)

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