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comp. attached form

(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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M. HODGES

08/22/05--01037--020 \*\*125.00

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05 AUG 31 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

U05-31609

(FOR LLC)

DEBORAH RUBIN

7134 BEECHMONT TERRACE

BRADENTON FL. 34202

(941) 907-8147

cell (941) 713-8147



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 22, 2005

DEBORAH RUBIN  
7134 BEECHMONT TERRACE  
BRADENTON, FL 34202

SUBJECT: DEBORAH L. RUBIN LLC  
Ref. Number: W05000039659

We have received your document for DEBORAH L. RUBIN LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached Articles of Organization to form a Limited Liability Company, the Operating Agreement submitted is not acceptable, keep it for your records.,

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 905A00053241

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEBORAH L. RUBIN 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:

DEBORAH L. RUBIN  
(Name of Person)

DEBORAH L. RUBIN LLC  
(Firm/Company)

7134 BEECHMONT TERRACE  
(Address)

BRADENTON, FLORIDA 34202  
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH RUBIN at (941) 713-8147  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DEBORAH L. RUBIN 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:

7134 BEECHMONT TERRACE 7134 BEECHMONT TERRACE  
BRADENTON, FLORIDA 34202 BRADENTON FLORIDA 34202

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

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

DEBORAH L. RUBIN  
Name

7134 BEECHMONT TERRACE  
Florida street address (P.O. Box NOT acceptable)  
BRADENTON FL 34202  
City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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..*

Deborah L. Rubin  
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:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

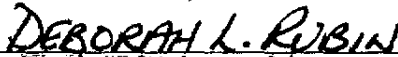
**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



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

(In accordance with section 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.)



\_\_\_\_\_  
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)**