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(Red	questor's Name)	
(Add	iress)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only

to be 11/09/05

AUTHORIZATION BY PHONE TO

DOC. EXAM



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11/17/05--01046--004 **160.00

EFFECTIVE DATE



NOV 2 2 2005

805A-68820

COVER LETTER

TO:	Registration Se Division of Cor	ction porations			
SUBJE	·CT•	Robert Hair LL	С	ا ئىلىمىد	
SOBOL		(Name of Limite	d Liability Company)	E.	12/2
The en	closed Articles of	Organization and fee(s) are s	submitted for filing.	THE THE PERSON OF THE PERSON O	THE TOTAL OF THE PROPERTY OF T
Please	return all correspo	ondence concerning this matte	er to the following:	·	L. 15 15 15
		Robe	rt Hair		ON THE STATE OF TH
•		(Name of Person)		- , 0
		Robe	rt Hair LLC		_
•		1	(Firm/Company)		-
		3024 Mc	Hargue Road		_
-			(Address)		•
		Perry, F	Torida 32348-30	07	
-			/State and Zip Code)	-4	
For furt	her information c	oncerning this matter, please	call:		
	Lisa Ha	air	at (850) 838-17	80 / 584-4117	
	(Name o	of Person)	(Area Code & Daytime To	elephone Number)	
Enclose	d 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)	
	1	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY Robert Hair LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Mailing Address:** Principal Office Address: 3024 McHargue Road 3024 McHargue Road Perry, Fla. 32347-3007 Perry, Fla. 32348-3007 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Robert Hair Name 3024 McHargue Road Florida street address (P.O. Box NOT acceptable) Репу, _{FL} 32348 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REOUIRED)

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..

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

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

MGR	Robert Hair 3024 McHargue Road		
	3024 McHargue Road Perry Florida 32348		
	1 city i torical ozoto		
	·		
			
-			
a			
(Use attachment if necessary)			
LE V: Effective date, if other than the	e date of filing: November 9, 2005 (OPTIONA		
	be specific and cannot be more than five business day		
days after the date of filing.)			
days after the date of filing.)			

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)

that the facts stated herein are true.)

Robert Hair

Typed or printed name of signee