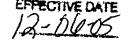
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
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Special instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Co			•	
SUBJECT: DHI	TE ROBIUS PRO (Name of Limited	DUC TEONS GROUP	L.L.C.	<u>.</u> ·
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
CAM	ILO WHYTE		<u>.</u> ·	
	(1	Name of Person)		
WHI	TE ROBINS PRO	DUCTIONS GROUP	LLC	
	(Firm/Company)		2 0
608_	Orange Drive #	(Address)	<u> </u>	SECRE IS DIVISION OF 2005 DEC
	J	(Address)		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Betan	onte Sprainas. 3	H. 32701		CORPORATION
<u></u>	(City	/State and Zip Code)		- A
For further information	concerning this matter, please	call:	. -	4: 39
<u>CAMILO</u> (Name	WHYTE of Person)	at (407) 595-07 (Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:		2.5	
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fill Certificate of S Certified Copy (additional copy is	tatus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Must end with the words	OBINS PRODUCTION S"Limited Liability Company, "Limited	US GRATIO L.L.C. d Company" or their abbreviation "LLC," or "	L.C.,")
ARTICLE II - Ad The mailing address		incipal office of the Limited Liabili	ity Company is:
Principal Office A	Address:	Mailing Address:	*
CAMILO WH	gte	600 Orange Prive Ht BHamorte Springs, 71 32701	= 164
(The Limited Liability C business entity with an		Office, & Registered Agent's Signered Agent. You must designate an individual egistered agent are:	
	19501 W. Cow-tray Florida street add	Club DR #1912 tress (P.O. Box NOT acceptable)	STATE ORATIO
	Avertura City, State, a	FL 33/80	• • • • • • • • • • • • • • • • • • •
liability compa registered agent a statutes relating	ny at the place designated in t nd agree to act in this capacit to the proper and complete pe	accept service of process for the abo his certificate, I hereby accept the ap y. I further agree to comply with the orformance of my duties, and I am fas stered agent as provided for in Chap	ppointment as provisions of all miliar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

12:06:05

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 12/06/05 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

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

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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.)