

104 0000 68713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

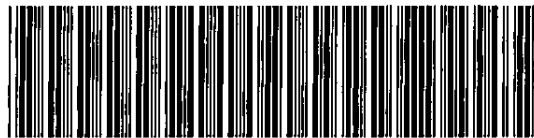
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/27/06--01033--012 **130.00

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2006 JUN 27 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

104-68713
gl
EFFECTIVE DATE
7-1-06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2006

ROBIN WARREN
20345 S. BUCKHILL ROAD
CLERMONT, FL 34715

SUBJECT: ROBIN'S NEST LLC
Ref. Number: W06000029328

We have received your document for ROBIN'S NEST LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 27, 2006. Please amend your document accordingly.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 706A00042853

SECRET
TALLAHASSEE, FL

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TRANSMITTAL LETTER

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

SUBJECT: Articles of Organization for ROBIN'S NEST LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

ROBIN WARREN
(Name of Person)

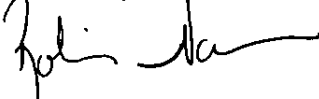
ROBIN'S NEST LLC
(Firm/Company)

20345 S. Buckhill Road
(Address)

Clermont, FL 34715
(City/State and Zip Code)

For further information concerning this matter, please call ROBIN WARREN at
(352) 255-1192.

Sincerely,



Robin Warren
Manager

100.00 Filing Fee for Articles of Organization
25.00 Designation of Registered Agent
5.00 Certificate of Status
130.00

2006 JUN 27 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

KNOW ALL MEN BY THESE PRESENTS: That I, LAURA LEVINE desire to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Act, do establish:

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROBIN'S NEST LLC
EIN: 71-1005628

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

20345 S. Buckhill Road
Clermont, FL 3 4715

ARTICLE III – Purpose:

That the purpose for which this limited liability company is organized is primarily to provide Care and Services to the Developmentally Disabled, and other goods and services that are permitted by law, within the laws of Florida.

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robin Warren
20345 S. Buckhill Road
Clermont, FL 34 715

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, Florida Statutes.



Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
7-1-06

ARTICLE V- Manager/Owner:

The name and address of the Manager/Owner is as follows:

MGR: Robin Warren – 100% Owner
20345 S. Buckhill Road
Clermont, FL 34715

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2006 JUN 27 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI - Effective date of the Limited Liability Company:

~~June 3, 2006~~ July 1, 2006 *Robin Warren*

REQUIRED SIGNATURE:

Robin Warren

Signature of owner/manager

(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.)

ROBIN WARREN

Typed or printed name of signer

State of Florida

County of LAKE

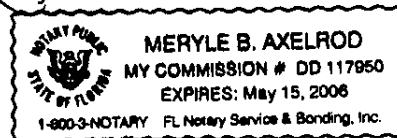
On this 15th day of May 2006, before me personally appeared ROBIN WARREN, known to me to be the person described in and who executed the foregoing instrument and acknowledged to me that ROBIN WARREN executed the same as his free act and deed.

Meryle B. Axelrod

Notary Public

My Commission Expires on:

May 15, 2006



Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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

KNOW ALL MEN BY THESE PRESENTS: That I, ROBIN WARREN desire to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Act, do establish:

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROBIN'S NEST LLC
EIN: 71-1005628

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

20345 S. Buckhill Road
Clermont, FL 3 4715

ARTICLE III – Purpose:

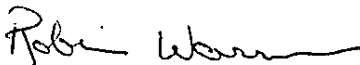
That the purpose for which this limited liability company is organized is primarily to provide Care and Services to the Developmentally Disabled, and other goods and services that are permitted by law, within the laws of Florida.

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robin Warren
20345 S. Buckhill Road
Clermont, FL 34 715

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, Florida Statutes.



Registered Agent's Signature

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