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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Robert Lewis LLC		
(Name of Limited	l Liability Company)	
The enclosed Articles of Organization and fee(s) are st	shmitted for filing.	•
Please return all correspondence concerning this matter	r to the following:	
Robert Lewis		
The state of the s	Name of Person)	they a tell
Robert Lewis LLC		
(Firm/Company)	and an American speciments of the state of t
2791 NE 15th Street		
	(Address)	
Pompano, Florida 33062		
(City	(State and Zip Code)	
For further information concerning this matter, please	call:	
Robert Lewis	at (954) 415-493	0
(Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		
S125.00 Filing Fee \$\times \\$ \$1,30.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailien Addess	Semantiff and a side of the second	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	_	
The name of the Limited Liability Company i	5: ·	
Robert Lewis LLC		
(Must end with the words "Limited Liability Company, "Lin	nited Company" or their abbrevi	ation "LLC," or "L,C,,")
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Li	imited Liability Company is:
Principal Office Address:	Mailing Address:	
2791 NE 15th Street	2791 NE 15th Street	
Pompano, Florida 33062	Pompano, Florida 33062	A 10 10 10 10 10 10 10 10 10 10 10 10 10
	<u></u>	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration)		
The name and the Florida street address of th	e registered agent are:	
Robert Lewis		E(=1)-)
Na:	ne	
2791 NE 15th Street		·
Florida street	address (P.O. Box <u>NOT</u> acce	plable)
Pompano,	FI 33062	
City, Stat	e, and Zip	
Having been named as registered agent and liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as reflected Agent's Signature Registered Agent's Signature accept the acceptance of the control of the	in this oertificate, I hereby city. I further agree to co performance of my dutte gistered agent ay provide	o accept the appointment as imply with the provisions of all is, and Lam familiar with and
		SEC
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SECRETARY OF STATE
TALLAHASSEF ELORINA

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

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

"MGR" = Manager	
"NALIKAN" w RASNSKIIND RAKINDE	
"MGRM" - Managing Member	
MGR	Robert Lewis
	2791 NE 15In Siree!
	Pompano, Florida 33062
) (MATERIAL PROPERTY OF THE PR
The state of the s	
	and the state of t
(Use attachment if necessary)	
LEY: Ellective date, if other than the	c date of filing: (OPTIONAL) he specific and cannot be more than five business days pri
I days after the date of filing.)	ne specific and cangot be more than five dusiness days pri
REQUIRED SIGNATURE	
REQUIRED SIGNATURES	
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1.0000	W. Land
Simon of a manual	per or an authorized representative of a member.

Fillur Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Robert Lewis

Typed or printed name of signee