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COVER LETTER

TO: Registration So Division of Co					
SUBJECT: Freder	ick D. Robinson, LLC				
	(Name of Limite	d Liability Compa	any)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing	3.		
Please return all corresp	ondence concerning this matte	er to the following	;		
Frederick [D. Robinson			•	
	(Name of Person)			_
Freddy D's	Painting				
	((Firm/Company)			-
12846 Rol	binson Farms Cour	t			
		(Address)			-
Tallahasse	ee, FL 32317				
		/State and Zip Code	*)		-
For further information	concerning this matter, please	call:			,
Frederick D. Robinson		at (850-	264-530	3	
(Name of Person)		(Area Code	& Daytime T	elephone Number	
Enclosed is a check for	or the following amount:			O6 OCT 2 PROBLEM SECRETAL TAMAS PROBLEM STATEMENT OF STAT	7
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	<i>,</i>	S160.00 Erling Pee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Clifton B 2661 Exe	ourier Addression Section of Corporation uilding cutive Center sec. 51, 32301	i <u>s</u> ⊅	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Frederick D. Robinson, LLC (Must end with the words "Limited Liability Company, "Lir	mited 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:				
Principal Office Address:	Mailing Address:				
12846 Robinson Farms Court Tallahassee, FL 32317	12846 Robinson Farms Court Tallahassee, FL 32317				
	ASS ASS				
Nan	ne EE.FLC				
12846 Robinson Farms (Court address (P.O. Box NOT acceptable)				
Tallahassee City, State	FL 32317				
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S				

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member Manager Frederick Robinson 12846 Robinson Farms Court Tallahassee, FL 32317 Managing Member Tina Robinson 12846 Robinson Farms Court Tallahassee, FL 323217 (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: __ (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.

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

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)

Frederick D. Robinson

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)