

Division of Corporations

Page 1 of 1

L07000009015

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000020739 3)))



H070000207393ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)

Account Number : 076117000420

Phone : (561) 650-0728

Fax Number : (561) 655-5677

FILED
07 JAN 24 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Rob Squared - Sebastian, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED

07 JAN 24 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

207A-5846

H07000020739 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: Rob Squared - Sebastian, LLC

ARTICLE II - Address:

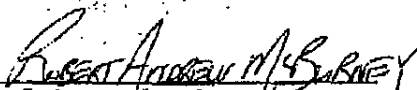
The street address and the mailing address of the principal office of the Limited Liability Company is:

110 Fulkerson Road
Zanesville, OH 43701**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Robert Andrew McBurney
1023 Kenmore St.
Palm Bay, FL 3290

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 its position as registered agent as provided for in Chapter 608, F.S.


Robert Andrew McBurney**REQUIRED SIGNATURE:**
Robert Andrew McBurney, Authorized Representative

(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.)

FILED
07 JAN 24 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA