

107000040823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

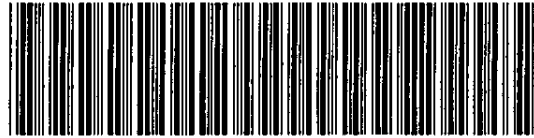
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

107-40823
JL

EXPIRATION DATE
4-12-07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBERT VERTICAL BLINDS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERTO SILVA

(Name of Person)

(Firm/Company)

882 SW CARMELITE ST.

(Address)

PORT ST. LUCIE, FL 34983

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTO SILVA

(Name of Person)

at (972) 871-6657

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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TALLAHASSEE, FLORIDA

Articles of Organization For Florida Limited Liability Company.

Article I – Name:

Robert Vertical Blinds, LLC

Article II – Address:

Principal Office and Mailing Address

882 SW Carmelite St
Port Saint Lucie, FL 34983

Article III – Registered Agent and Signature

Roberto Silva
882 SW Carmelite St
Port Saint Lucie, FL 34983

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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 familiar with an accept the obligations of my position as register agent as provided for in Chapter 608, F.S.


Roberto Silva

EFFECTIVE DATE
4-12-07

Article IV – Manager

Title

Name and Address

Manager

Roberto Silva
882 SW Carmelite St
Port Saint Lucie FL 34983

Article V: Effective Date

4/12/2007


Signature

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

Roberto Silva
Name of signee

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