

LD7000041328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

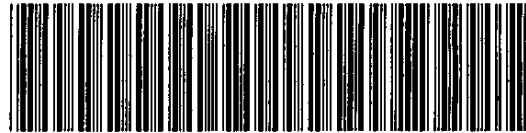
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Effective Date

4/16/07

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STANLEY R. ANDREWS
ATTORNEY AT LAW

2690 S. Hopkins Avenue
Suite 3
Titusville, FL 32780-4755

P.O. Box 1743
Titusville, FL 32781-1743
(321) 267-8621
Fax: (321) 268-9622

April 11, 2007

TO: Registration Section
Division of Corporations

SUBJECT: DAVE ROBB, LLC

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

Please return all correspondence concerning this matter to the following:

Stanley R. Andrews
Law Offices of Stanley R. Andrews
P O Box 1743
Titusville, FL 32781-1743

For further information concerning this matter, please call:

STANLEY R. ANDREWS at (321) 267-8621

Enclosed is a check for the following amount: \$160.00 Filing Fee Certificate of Status and Certified Copy. Additional Copy is enclosed.

Very truly yours,



Stanley R. Andrews

SRA/db
Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

Effective Date 4/16/07

The name of the Limited Liability Company is:

DAVE ROBB, LLC

ARTICLE II – Address:

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

Principal Office Address:

**4180 Arrow Court
Titusville, Florida 32796**

Mailing Address:

**4180 Arrow Court
Titusville, Florida 32796**

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

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

**DAVID L. ROBB
4180 Arrow Court
Titusville, Florida 32796**

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, F.S..



Registered Agent's Signature

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

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

Title:


Name and Address:

MGRM

DAVID L. ROBB
4180 Arrow Court
Titusville, Florida 32796

ARTICLE V: Effective date, if other than the date of filing: APRIL 16, 2007

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 608.403(3) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID L. ROBB

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