

67000049836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

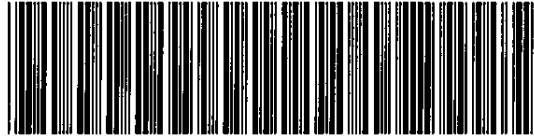
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Certificates of Status

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04/26/07--01046--010 **78.75

05/10/07--01019--006 **46.25

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2007 MAY -8 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

67-49836
AL

RECEIVED DATE

5-1-07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2007

CALVIN ROBINSON
P.O. BOX 1561
UMATILLA, FL 32784

SUBJECT: CALVIN ROBINSON SERVICES LLC
Ref. Number: W07000021828

We have received your document for CALVIN ROBINSON SERVICES LLC and check(s) totaling \$78.75 of which \$78.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$46.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 507A00031728

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TALLAHASSEE, FLORIDA

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CALVIN ROBINSON SERVICES L L C

P O BOX 1561

UMATILLA, FL 32784

April 23, 2007

RE: CORP STARTING DATE

PLEASE, HAVE THE CORP START DATE AS MAY 1, 2007.

THANK YOU.

CALVIN R ROBINSON

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALVIN ROBINSON SERVICES L L C
(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:

CALVIN R ROBINSON

(Name of Person)

CALVIN ROBINSON SERVICES L L C

(Firm/Company)

P O BOX 1561

(Address)

UMATILLA, FL 32784

(City/State and Zip Code)

For further information concerning this matter, please call:

CALVIN R ROBINSON

(Name of Person)

at (352) 504-5595

(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:

The name of the Limited Liability Company is:

CALVIN ROBINSON SERVICES L L C

(Must end with the words "Limited Liability Company," "Limited 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:

17 N CENTRAL AVE
UMATILLA, FL 32784

Mailing Address:

P O BOX 1561
UMATILLA, FL 32784

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CALVIN R ROBINSON

Name

17067 SE 282ND CT

Florida street address (P.O. Box **NOT** acceptable)

UMATILLA, FL 32784 FL

City, State, and Zip

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.

Calvin R Robinson

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

5-1-07

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGER

CALVIN R ROBINSON

17067 SE 282ND CT

UMATILLA FL 32784

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/01/07 (OPTIONAL)

(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 that the facts stated herein are true.)

CALVIN R ROBINSON

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA