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(Requestor's Name)		
(Address)	800108	
(Address) (City/State/Zip/Phone #)	ergenma	
PICK-UP WAIT MAIL	08/29/07	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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. COVER LETTER

	istration Section sion of Corporations				
SUBJECT:	ROBERT'S RELIABLE SERV	VICES, 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:			
	ROBERT K. BAAL				
		(Name of Person)			
		(Firm/Company)			
	4311 97TH AVE E				
		(Address)			
	PARRISH, FL 34219				
		(City/State and Zip Code)			
For further in	formation concerning this matter, p	please call:			
ROBER	T K. BAAL	at () 448-5376			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is	a check for the following amoun	(Area Code & Daytime Telephone Number)			
_]\$125.00 Fil	ing Fee X\state 130.00 Filing Fee Certificate of Statu	& □\$155.00 Filing Fee & □ \$160.00 Filing Fee,			
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Ons Division of Corporations Clifton Building			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	y Company is:	
ROBERT	'S RELIABLE SERVICES, LLC	
(Must end with the wo	rds "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street ad	dress of the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
4311 97TH AVE E.	4311 97TH AVE E.	
PARRISH, FL 34219	PARRISH, FL 34219	
	ddress of the registered agent are:	
	ROBERT K. BAAL	-1 12
	Name	AS E
	4311 97TH AVE E	
	Florida street address (P.O. Box NOT acceptable)	2007 (1.16 2 7)
	PARRISH _{FL} 34219	Siz i
	City, State, and Zip	<u> 19</u>

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 (REQUIRED)

(CONTINUED) Page 1 of 2



The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member ROBERT K. BAAL **MGRM** 4311 97TH AVE E. PARRISH, FL 34219 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (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.) ROBERT K. BAAL

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)

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

Typed or printed name of signee