

LD7000117707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

BK

Office Use Only



900111327859

11/26/07--01004--023 **155.00

RECEIVED
07 NOV 26 AM 11:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 NOV 26 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK 11/26

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Rebuild Investments, LLC

FILED
07 NOV 26 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ___ Art of Inc. File_____
- ___ LTD Partnership File_____
- ___ Foreign Corp. File_____
- ☒ ___ L.C. File_____
- ___ Fictitious Name File_____
- ___ Trade/Service Mark_____
- ___ Merger File_____
- ___ Art. of Amend. File_____
- ___ RA Resignation_____
- ___ Dissolution / Withdrawal_____
- ☒ ___ Annual Report / Reinstatement_____
- ___ Cert. Copy_____
- ___ Photo Copy_____
- ___ Certificate of Good Standing_____
- ___ Certificate of Status_____
- ___ Certificate of Fictitious Name_____
- ___ Corp Record Search_____
- ___ Officer Search_____
- ___ Fictitious Search_____
- ___ Fictitious Owner Search_____
- ___ Vehicle Search_____
- ___ Driving Record_____
- ___ UCC 1 or 3 File_____
- ___ UCC 11 Search_____
- ___ UCC 11 Retrieval_____

Signature

Requested by:

Name

Date

Time

WL *11/26* *11:00*

Articles of Organization
of
ROBUILD INVESTMENTS LLC

FILED
07 NOV 26 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I NAME

The name of the limited liability company shall be Robuild Investments LLC.

ARTICLE II ADDRESS

The initial mailing address and street address of the principal office of the company shall be 7087 Grand National Drive, Suite 100, Orlando, FL 32819.

ARTICLE III DURATION

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual unless the company is earlier dissolved as provided in these articles of organization.

ARTICLE IV REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida is James R. LaVigne, Esquire, LaVigne, Coton & Associates, P.A., 7087 Grand National Drive, Suite 100, Orlando, Florida 32819.

ARTICLE V CAPITAL CONTRIBUTIONS

The members of the company shall contribute to the capital of the company the cash or property as set forth in the Operating Agreement.

ARTICLE VI ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the company only on the unanimous consent of all the members.

ARTICLE VII ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the other members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

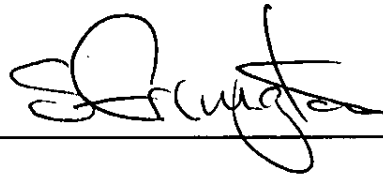
ARTICLE VIII TERMINATION OF EXISTENCE

The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by the consent of all the remaining members, provided there are at least two remaining members.

The company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The names and address of the members of the company are

NAME	ADDRESS
Kelly Graves and John Robin Graves, husband and wife, tenants by the entireties	176 Sherwood Drive Bletchley Milton Keynes MK36HZ United Kingdom

IN WITNESS WHEREOF, the undersigned organizer and authorized representative of Kelly Graves and John Robin Graves, husband and wife, tenants by the entireties, pursuant to Section 608.407, Florida Statutes, has made and subscribed these articles of organization at Orlando, on the 21st day of November, 2007.

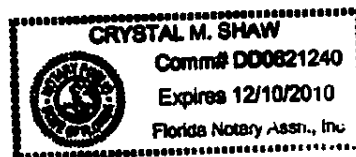


Simon Errington, Organizer and authorized representative of Kelly Graves and John Robin Graves, husband and wife, tenants by the entireties

**STATE OF FLORIDA
COUNTY OF ORANGE**

Sworn to and subscribed before me this 21st day of Nov, 2007 by Simon Errington, to me ✓ personally known or produced _____ as identification.

Crystal M. Shaw
Notary Public - State of Florida/Commissioner for Oaths



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED, THE FOLLOWING IS SUBMITTED:

Simon Errington, as authorized representative of Kelly Graves and John Robin Graves, husband and wife, desiring to organize Robuild Investments LLC under the laws of the State of Florida, with its principal place of business in the City of Orlando, Florida, has named James R. LaVigne, located at LaVigne, Coton & Associates, P.A., 7087 Grand National Drive, Suite 100, Orlando, FL 32819, as its AGENT FOR ACCEPTANCE OF PROCESS WITHIN FLORIDA.

SIGNATURE:

[Signature]
Simon Errington

DATE:

November 21, 2007

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY. FURTHER, I CERTIFY THAT I AM FAMILIAR WITH AND AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES, INCLUDING THE DUTIES AND OBLIGATIONS PROVIDED FOR BY FLORIDA LAW, RELEVANT TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE:

[Signature]
James R. LaVigne, Esquire

DATE:

November 21, 2007