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SECRETARY OF STATE
SIVISION OF CORPORATIONS
ON MAY -2 PH 4: 13

J. BRYAN

MAY - 5 2008

**EXAMINER** 

# **COVER LETTER**

T		ion Section of Corporations			
Si	UBJECT: R	bert's Heirlooms LLC.			
	(Name of Limited Liability Company)				
Ti	The enclosed Articles of Organization and fee(s) are submitted for filing.				
Pl	Please return all correspondence concerning this matter to the following:				
	Robei	Woodward			
		(Name of Person)			
	Robe	's Heirlooms			
(Firm/Company)					
534 N. Firwood Dr.					
(Address)					
	Delto	a, Fl. 32725	OB MAY -2 PM 4: 13		
		(City/State and Zip Code)			
Fo	r further infor	ation concerning this matter, please call:	<b>3</b> 5		
R	Robert Woodward <sub>at (</sub> 386 ) 748-9167				
		Name of Person) (Area Code & Daytime Telep	hone Number)		
Er	nclosed is a cl	ck for the following amount:			
<b>□</b> \$	125.00 Filing	Tee ✓\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐ Certificate of Status 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 Cit Tallahassee, FL 32301	rcle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
Robert's Heirlooms LLC.		- <del></del>
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	ne principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	1
534 N. Firwood Dr.	Same	
Deltona, Fl. 32725		
ARTICLE III - Registered Agent, Registor (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)	ered Office, & Registered Agent's Sig Registered Agent. You must designate an individual of	nature: or another
The name and the Florida street address of t	the registered agent are:	<b>8</b>
Robert Woodward	d	SECRE
N	ame	FIL OF C
534 N. Firwood D	et address (P.O. Box <u>NOT</u> acceptable)	CORPORA
Deltona, Fl. 32725	5 <sub>FL</sub>	7. 1.3 PATE NATE
City. St	ate, and Zip	$\omega_{\widetilde{S}}$

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

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

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

· · · <u>-</u>	<u>Title:</u> "MGR" = Manage "MGRM" = Manage		Name and Address:		
J.	Mgr.		Robert Woodward		
		<b></b>	534 N. Firwood Dr.		
			Deltona, Fl. 32725	<u> </u>	
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ŧ	(Use attachment i	f necessary)			
(If a		ed, the date must be	date of filing: (OPT e specific and cannot be more than five busines	'IONAL) ss days p	rior
	<u>REQUIRED</u> SIG	NATURE:			
		Signature of a member	or or an authorized representative of a member.		
		(In accordance with sec of this document consti	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury		

Robert Woodward

that the facts stated herein are true.)

Typed or printed name of signee

### 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)