

LD9 000069395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

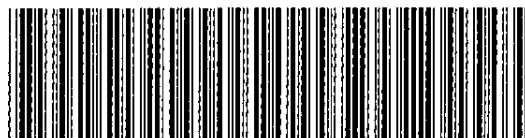
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/20/09--01020--003 \*\*250.00

RECEIVED  
09 JUL 20 AM 10:24  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 JUL 20 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
JUL 20 2009  
EXAMINER



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July 20, 2009

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Roberts Warehouse, LLC

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
JUL 20 AM 10:53  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**ARTICLES OF ORGANIZATION FOR  
ROBERTS WAREHOUSE, LLC,  
A FLORIDA LIMITED LIABILITY COMPANY**

FILED  
09 JUL 20 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: **ROBERTS WAREHOUSE, LLC**

**ARTICLE II  
ADDRESS**

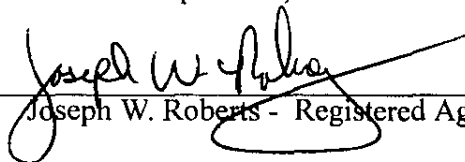
The mailing address and street address of the principal office of the Limited Liability Company is: 6332 India Drive, Spring Hill, FL 34608.

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

The name and address of the registered agent and office is:

Joseph W. Roberts  
6332 India Drive  
Spring Hill, FL 34608.

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 provided for in Chapter 608, F.S.



Joseph W. Roberts - Registered Agent's Signature

**ARTICLE IV  
MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The name(s) and address(es) of the managing member(s) is/are:

Joseph W. Roberts - 6332 India Drive, Spring Hill, FL 34608.

Louise M. Roberts - 6332 India Drive, Spring Hill, FL 34608.

**ARTICLE V  
ADMISSION OF ADDITIONAL MEMBERS**

The members shall have the right to admit additional members upon the written consent of all members.

**ARTICLE VI  
MEMBERS RIGHTS TO CONTINUE BUSINESS**

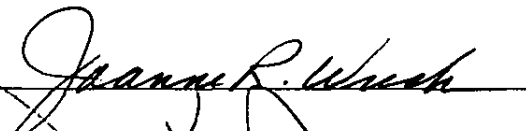
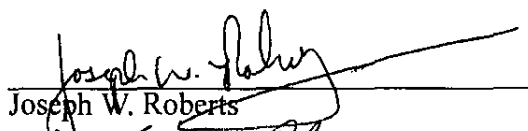
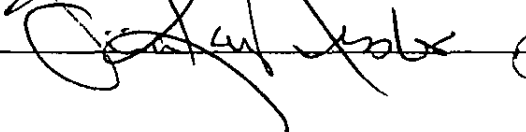
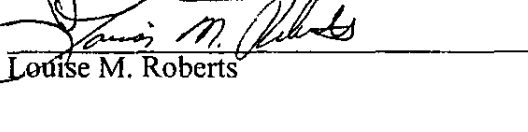
The members shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company by executing a written consent to continue to do such business.

**ARTICLE VI  
EFFECTIVE DATE AND DURATION**

The effective date of the Limited Liability Company shall be upon filing of these Articles with the Secretary of State of Florida and the period of duration for the Limited Liability Company shall be: Perpetual.

IN WITNESS WHEREOF, I(WE), the undersigned member(s), have hereunto set our hands and seals this 9 day of July, 2009, for the purpose of forming this limited liability company under the laws of the State of Florida, and we hereby make and file in the Office of the Secretary of the State of Florida, this Articles of Organization, and 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.

WITNESSES:

 _____ Joseph W. Roberts	 _____ Joseph W. Roberts
 _____ Louise M. Roberts	 _____ Louise M. Roberts