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COVER LETTER

то:	Registration Division of C		,	
SUBJE	CT:	ROBERT V	WERNER L.	L.C.
The end	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please r	eturn all corres	pondence concerning this mat	ter to the following:	
-	· · · · · · · · · · · · · · · · · · ·	ROBERT	WERNER Name of Person	
-			Firm/Company	
-		OI HIGHVIE	EW CIRCLE So	OTH
-	···········		FLORIDA 2 ty/State and Zip Code	
_	, , , 	NAPOLEON 20 (E-mail address: (to be used	C VERIZON . NET for future annual report notification)	
For furt	her information	concerning this matter, pleas	e call:	
Rol	BERT W	ERNER of Person	at (813) 778	3-3446 ephone Number
Enclose	ed is a check t	for the following amount:		
\$125. 0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ROBERT WER	JER, L.L.C.
(Must end with the words "Limited Liability	y Company,""L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ROBERT WERNER	SAME
KOBERT WERNER 501 HIGHVIEW CIRCLE SOUTH BRANDON, FLORIDA 33510	
ARTICLE III - Registered Agent, Registered of The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
	ERNER
Name	
501 HIGHVIEW	OCIRCLE SOUTH Box NOT acceptable)
Florida street address (P.O. I	Box NOT acceptable)
BRANDON	FL 33510 d Zip
City, State, and	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and lered agent as provided for in Chapter 608, F.S
Augusteed Agent & Olginatu	TAL SE

(CONTINUED)

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SECRUTARY OF STATE

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ARTICLE	IV-	Manager(s)	or Man	aging	Member	S	۱:

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

<u>Title:</u> "MGR" = Manager	Name and Address:					
"MGRM" = Managing Member						
Manager	ROBERT WERNER 501 HIGHVIEW CIRCLE SOUTH BRANDON, FLORIDA 33510					
(Use attachment if necessary)						
ARTICLE V: Effective date, if other than the date an effective date is listed, the date must be to or 90 days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior					
REQUIRED SIGNATURE:	L'Wo mu					
Signature of a member	Signature of a member or an authorized representative of a member.					
of this document constit	(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.)					
	ERT WERNER					
Filing Fees:	ed or printed name of signee					

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRLIARY OF SIAIR