

L10000023330

(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:

Office Use Only



400168725134

02/23/10--01009--008 **130.00

Effective Date 02/20/2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 23 PM 4:08

T. HAMPTON

MAR - 2 2010

EXAMINER

946
010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Robinson Lyttle Professional Services 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:

Zion Robinson

Name of Person

Robinson Lyttle Professional Services LLC

Firm/Company

3303 East Island Rd

Address

Cooper City FL, 33026

City/State and Zip Code

zion.robinson@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zion Robinson

Name of Person

at (305) 989-8388

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 MAR -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 23, 2010

ZION ROBINSON
3303 E ISLAND RD
COOPER CITY, FL 33026

SUBJECT: ROBINSON LYTTLE PROFESSIONAL SERVICES LLC
Ref. Number: W10000009106

We have received your document for ROBINSON LYTTLE PROFESSIONAL SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 23, 2010. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00004440

Effective Date

02/20/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Robinson Lyttle Professional Services LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3303 East Island Road
Cooper City, FL, 33026

3303 East Island Road
Cooper City, FL, 33026

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Zion Robinson

Name

3303 East Island Rd

Florida street address (P.O. Box **NOT** acceptable)

Cooper City, FL, 33026 FL

City, State, and Zip

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.

Zion Robinson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 23 PM 4:08

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGMR

Zion Robinson

3303 East Island Rd

Cooper City, FL, 33026

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/20/2010 01/15/2010 (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:

Zion Robinson
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.)

Zion Robinson

Typed or printed name of signer

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 23 PM 4:00