

L10000031014

(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:

**A. LUNT**

MAY 12 2010

**EXAMINER**

Office Use Only



500180618825

05/10/10--01038--008 \*\*160.00

FILED

2010 MAY 10 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# HEYING TAX & FINANCIAL SERVICES

P.O. Box 7966  
SPENCER, IOWA 51301  
OFFICE: 712.580.3202  
FAX: 712.580.3203  
HEYINGTAXSERVICES@SMUNET.NET  
WWW.HEYINGTAXSERVICES.COM

April 23, 2010

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Florida Department of State Division of Corporations Office,

Enclosed are the Articles of Organization for A. Roberts Enterprises, LLC and the State of Florida fees including the filing fee and Certificate of Status & Certified Copy fees of \$160.00.

As organizer, if any of the documentation is out of order or incorrect please contact my office directly so that the matter can be resolved quickly and will eliminate any delays in filing.

Cordially,

Jake Heying  
Heying Endeavors  
PO Box 7966  
Spencer, IA 51301  
712-580-3202 Office  
712-260-5654 Cell  
712-580-3203 Fax  
[jakeheyings@smunet.net](mailto:jakeheyings@smunet.net)  
[www.heyingt看taxservices.com](http://www.heyingt看taxservices.com)

FILED  
2010 MAY 10 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**"It's your money, let us help you keep it!"**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A. Roberts Enterprises, 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:

Jake Heying

Name of Person

Heying Endeavors

Firm/Company

PO Box 7966 - 201 W 7th Street

Address

Spencer, IA 51301

City/State and Zip Code

jakeheyingsmunet.net

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

For further information concerning this matter, please call:

Jake Heying

Name of Person

at ( 712 ) 580-3202

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2010 MAY 10 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A. Roberts Enterprises, 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:**

19110 Cypress Green Drive

Lutz, FL 33558

**Mailing Address:**

19110 Cypress Green Drive

Lutz, FL 33558

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAY 10 AM 10:42

FILED

**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:

Angela Roberts

Name

19110 Cypress Green Drive

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

Lutz,

FL 33558

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGRM

Angela Roberts

19110 Cypress Green Drive

Lutz, FL 33558

2010 MAY 10 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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:**



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.)

Angela Roberts

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)**