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PICK-UP	WAIT	MAIL MAIL
(Busine	ess Entity Na	me)
(Docur	nent Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	

Office Use Only

08/09/10 OK. Per BT



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Effective Date 08/01/10

08/06/10--01017--015 \*\*125.00



J. BRYAN

AUG -9 2010

EXAMINER

## **COVER LETTER**

Ťό:

•	TO: Registration Section Division of Corporations		
	SUBJECT: ROBS REEF, LLC  Name of Limited Liability Company		
	Name of Emilied Elability Company		
	The enclosed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	MIKE MULLINS, EA		
	Name of Person		
	ROBS REEF, LLC		
	Firm/Company		
	220 CHENEY HWY	5	
	Address	ES.	1
	TITUSVILLE, FL 32780	9-	ILEU
	City/State and Zip Code	*=	C
	mmikemullins@cfl.rr.com  E-mail address: (to be used for future annual report notification)	<u>=</u>	-
	For further information concerning this matter, please call:	37	
	Mike Mullins, EA at ( 321 ) 383-9050		
	Name of Person Area Code & Daytime Telephone Number		
	Enclosed is a check for the following amount:		
!	□\$125.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) □\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)	ıs &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FO	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compar	y is:
ROBS REEF, LLC	To leave the second sec
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5574 RIVER OAK DRIVE	5574 RIVER OAK DRIVE
TITUSVILLE, FL 32780	TITUSVILLE, FL 32780
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  Effective Date 08/01/10 the registered agent are:
Mike Mullins, EA	
7	Name
220 Cheney Hwy	
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)
Titusville	<sub>FL</sub> 32780
Ci	ty, State, and Zip
	d to accept service of process for the above stated limited

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

<u> Fitle:</u>	Name and Address:
'MGR" = Manager	
'MGRM" = Managing Member	· SST
'MGRM	ROBERT A. ARNOLD
	5574 RIVER OAK DRIVE
	TITUSVILLE, FL 32780
MGRM"	KIMBERLY L. ARNOLD
	5574 RIVER OAK DRIVE
	TITUSVILLE, FL 32780
<del></del>	-
Use attachment if necessary)	
	an the date of filing: AUGUST 1, 2010 . (OPTIONA ust be specific and cannot be more than five business day
LE V: Effective date, if other thatective date is listed, the date m	
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)  REQUIRED SIGNATURE:	
LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me of this document	sust be specific and cannot be more than five business day

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)