

L100000109756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/15/10--01038--010 **130.00

EFFECTIVE DATE 10/11/2010

B. KOHR

OCT 21 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 15 AM 9:15

COVER LETTER

EFFECTIVE DATE 10/11/2010

TO: Registration Section
Division of Corporations

SUBJECT: robbie designs, LLC
Name of Limited Liability Company

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 OCT 15 AM 9:15

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shira Kastan
Name of Person

robbie designs, LLC
Firm/Company

P.O. Box 31-0413
Address

Miami, FL 33231-0413
City/State and Zip Code

shira.kastan@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shira Kastan at (305) 785-3691
Name of Person 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

EFFECTIVE DATE 10/11/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

robbie designs, LLC

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

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10 OCT 15 AM 9:15

ARTICLE II - Address:

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

Principal Office Address:

150 S.E. 25TH ROAD, #50
Miami, FL 33129

Mailing Address:

P.O. Box 31-0413
Miami, FL 33231-0413

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:

Shira Kastan

Name

150 SE 25th Rd. #50

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

Miami FL 33129

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.

Shira Kastan

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:

MGR

Shira Kastan
P.O. Box 31-0413
MIAMI, FL 33231-0413

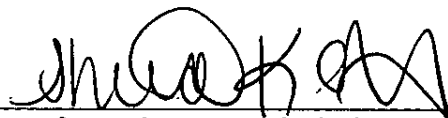
MGR

Aliza Kastan
P.O. Box 31-0413
MIAMI, FL 33231-0413

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/11/10. (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.)

Shira Kastan

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)