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**EXAMINER** 

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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: RICKY SOTO** DATE: 11/23/2010 **REF. #:** 001260.136917 CORP. NAME: ROBERT A SMITH, LLC ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP (XX) LIMITED LIABILITY ( ) MERGER ( ) WITHDRAWAL ( ) REINSTATEMENT ( ) CERTIFICATE OF CANCELLATION ( ) OTHER: STATE FEES PREPAID WITH CHECK# 60687 FOR \$ 125.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$\_\_\_\_\_ PLEASE RETURN: ( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY ( ) CERTIFICATE OF STATUS

Examiner's Initials

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name: The name of the Limited Liability Company is: ROBERT A SMITH, LLC

#### **ARTICLE II - Address:**

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

OTTAGE DR
, FL 34638
•

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

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

ROBERT A SMITH

Name

3034 TRINITY COTTAGE DR

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

LAND O LAKES, FL 34638

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>[itle:</u> MGR" = Manager	Name and Address:
MGRM" = Managing Member	ROBERT A SMITH
GRM	3034 TRINITY COTTAGE DR
	LAND O LAKES, FL 34638
se attachment if necessary)	
TTF: An additional article must be	added if an effective date is requested.
,	added if an effective date is requested.
GATHERA SICNATHER. /	// , ,
EQUIRED SIGNATURE:	
Signature of a member or an au	uthorized representative of a members
(In accordance with section	Thorized representative of a member 2. (a) 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury

Typed or printed name of signee

ROBERT A SMITH

Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)