

L100000122125

(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



500187857125

11/29/10--01001--008 \*\*125.00

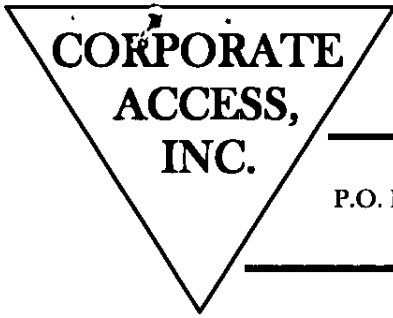
RECEIVED  
10 NOV 24 PM 4:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
10 NOV 24 AM 8:24  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

NOV 29 2010

EXAMINER



*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

## WALK IN

PICK UP:

11-24-10

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

LLC

FILED STATE  
SECRETARY OF CORPORATIONS  
10 NOV 24 AM 8:24

1. Roberts Referral Real Estate Network, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

---

---

---

---

---

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ROBERTS REFERRAL REAL ESTATE NETWORK, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

814 N.E. 2<sup>nd</sup> Street, Suite 101  
Ocala FL 34470

**Mailing Address:**

814 N.E. 2<sup>nd</sup> Street, Suite 101  
Ocala FL 34470

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

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

Carolyn K. Roberts  
814 N.E. 2<sup>nd</sup> Street, Suite 101  
Ocala FL 34470

*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.*

  
\_\_\_\_\_  
Carolyn K. Roberts

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV 24 AM 8:24

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

The names and addresses of the Manager(s) is/are as follows:

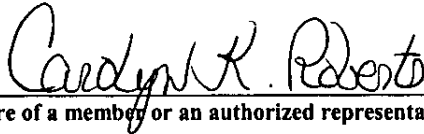
**Title:**

"MGR"

**Name and Address:**

Carolyn K. Roberts  
814 N.E. 2<sup>nd</sup> Street, Suite 101  
Ocala FL 34470

**REQUIRED SIGNATURE:**

A handwritten signature in cursive script that reads "Carolyn K. Roberts". The signature is written in dark ink and is positioned above a horizontal line.

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.)

Carolyn K. Roberts

Typed or printed name of signee