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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE

Section 1.

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NOV - 2 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: RAR I	Builder LLC		
		ed Liability Company	***************************************
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Allen Rol	obins		
		Name of Person	
RAR Buil	der LLC		
***************************************	·	Firm/Company	<del></del>
261 Cent	ral 8th Street		
		Address	
			OII NOV
Santa Rosa	a Beach, FL 32459		SA V
		y/State and Zip Code	ARY OF
rrnfla@emb	arqmail.com	or future annual report notification)	
For further information	concerning this matter, please		I: 02 STATE ORIDA
Allen Robbins		at (850 ) 685-2203	
Name	of Person	Area Code & Daytime Telephone	Number
Enclosed is a check for \$125.00 Filing Fee	states of Status	Certified Copy Cer (additional copy is enclosed) Cer	0.00 Filing Fee, tificate of Status & tified Copy litional 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	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: RAR Builder 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:** Mailing Address: 216 Central 8th Street 216 Central 8th Street Santa Rosa Beach, FL 32459 Santa Rosa Beach, FL 32459 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: Allen Robbins Name 216 Central 8th Street

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..

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

Santa Rosa Beach

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Mem	oer	
MGR	Allen Robbins	
	216 Central 8th Street	
	Santa Rosa Beach, FL 32459	
MGRM	Cabby Wyters	
INCITIVI	Bobby Hutson	
	216 Central 8tth Street	
	Santa Rosa Beach, FL 32459	
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water also the state of the sta	gamman and a second sec	
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(Use attachment if necessary	)	
ARTICLE V: Effective date, if other	than the date of filing: November 1, 2011 (OPTIONAL)	!
	e must be specific and cannot be more than five business days p	
to or 90 days after the date of filing.)	X S	28
	SECRETAR ALLIAHASS	
	±20 €	5
<u>REQUIRED</u> SIGNATURE	: ASS	delicated and the state of the
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\f\!\\\\\	en Abblin	
Signature of	a member or an authorized representative of a member.	
<u> </u>	CITY CD	•
(In accordance with s	ection 608.408(3), Florida Statutes, the execution of this document	
constitutes an arritma	ation under the penalties of perjury that the facts stated herein are true.  alse information submitted in a document to the Department of State	
constitutes a third deg	gree felony as provided for in s.817.155, F.S.)	
Allen Ro	obbins	
	Typed or printed name of signee	