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2011 DEC 27 EM 2: 47
SECRETARY OF STATE

C. LEWIS

DEC 2 8 2011

EXAMINER

### **Registration Section Division of Corporations**

### **SUBJECT: Registration of Tom Robinson LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

**Thomas Robinson** 

Tom Robinson LLC

1721 32<sup>nd</sup> Avenue N.

Saint Petersburg, FL 33713

E-mail address: None

For further information concerning this matter, please call:

**Thomas Robinson** 

at [727-408-4886]

Enclosed is a check for the following amount

\$125.00 Filing Fee

## **Mailing Address**

**Registration Section** 

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA ED LIMITED LIABILITY COMPANY 2011 DEC 27 EM 2:47

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tom Robinson LLC

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

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

Tom Robinson LLC

1721 32<sup>nd</sup> Avenue N.

St. Petersburg, FL 33713

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

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

Thomas Robinson

1721 32<sup>nd</sup> Avenue N.

St. Petersburg, FL 33713

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)]

Thomast Robbisa

(CONTINUED)

# **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:

Thomas Robinson

MGR

**ARTICLE V:** Effective date is January 1<sup>st</sup> 2012

REQUIRED SIGNATURE:

FILED 2011 DEC 27 M 2: 4 SECRETARY OF STATE

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Thomas Robinson

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent