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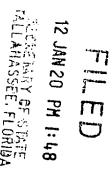
(I	Requestor's Name)	
(/	Address) ,	
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(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(I	Business Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions t	to Filing Officer:	

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D. BRUCE

JAN 2 3 2012

EXAMINER

COVER LETTER

TO:

то:	Registratio Division of	n Section Corporations		
SUBJ	ECT: Los	Robles, LLC		
		Name of Limited	Liability Company	
The en	closed Article	s of Organization and fee(s) are su	mitted for filing.	
Please	return all corr	espondence concerning this matter	o the following:	
	Dougla	s F. Duerr		
			me of Person	
		F	rm/Company	
	16238 1	E Shirley Shores Roa	d	
	·		Address	
	Tavares.	Florida 32778		
	,		ate and Zip Code	三海 75
	ceo@losi			
		E-mail address: (to be used for	uture annual report notification)	ලා 🥍 🍋 🧻
For fu	rther informati	on concerning this matter, please c	II:) + 1 4.
Dou	glas Dueri	,	352 343-0113	FR STEELER
	Na	me of Person	Area Code & Daytime Telephone Numl	ber Bar &
Enclo	sed is a checl	k for the following amount:		-
\$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee, ate of Status & Copy at 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 Cor	npany is:
LosRobles LLC	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16238 E Shirley Shores Rd Tavares, FL 32778	16238 E Shirley Shores Rd Tavares, FL 32778
	Legistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another
The name and the Florida street address	ss of the registered agent are:

Douglas Duerr Name

16238 E Shirley Shores Rd

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

Tavares

_{FL} 32778

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..

> Registered A gent's Signature (REQUIRED)

> > (CONTINUED)

Page 1 of 2

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 Member	
MGRM - CEO	Douglas Duerr
	16238 E Shirley Shores Road
	Tavares, FL 32778
MGR- COO	Diana Mullins
	16238 E Shirley Shores Road
	Tavares, FL 32778
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<u></u>	
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(Use attachment if necessary) TCLE V: Effective date, if other than the date effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	or an authorized representative of a member.
	408(3), Florida Statutes, the execution of this document
constitutes an affirmation under t I am aware that any false informa	the penalties of perjury that the facts stated herein are true. A ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Douglas F. Due	err = 11
	ed or printed name of signee
	चित्रं 🀱

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)