L12000103038

(Requestor's Nam	e)
(Address)	
(Address)	
(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
(Document Number	er)
Certified Copies Certificat	tes of Status
Special Instructions to Filing Officer:	
,	





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08/09/12--01007--009 **130.00

D. BRUCE

AUG 1 0 2012

EXAMINER

COVER LETTER

TO:	Registration of	n Section Corporations				
SUBJE	ест: <u>R</u>	obert H. Bir	Liability Company			
The en	closed Article	es of Organization and fee(s) are su	bmitted for filing.			
Please	return all corr	espondence concerning this matter	to the following:			
	Rob	ert H. Bir	d			
	Rob	ert H. Biro	irm/Company			
	184	O NW Wind,	Pine AVE. Address	TALIL A	12 AUG	
				HASSE	-9	FILEU
-	RBIT	ADIA, 7-L. City/S D 423 AC E-mail address: (To be used for	State and Zip Code OL , Co m future annual report notification)	E. FLOR	## 10: 44	
		on concerning this matter, please c		D.C.	-t	
Ro	bert Na	Bird me of Person	at (<u>863</u>) <u>303 Area Code & Daytime Telep</u>	3913 hone Number		
Enclos	ed is a checl	ς for the following amount:				
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 Ci Tallahassee, FL 32301	ircle		

. . . .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Limited Liability Company is:		
Robert H. Bird (Must end with the words "Limited Liability)	"LLC."	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1840 N.W. WINDY PINE AVE ARCHOIA, FLOVIDA 34266	1840 N.W. WINDY PI'NE AVE ARCADIA 7-Lorida 34266	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the re	registered agent are:	
Robert H.	Bird AHASSE	T _A T
1840 N W Wind	dy Pine AVE. dress (P.O. Box NOT acceptable) FI 34266	NO VE
ARCADIA	FL 34266 F	
City, Sta	ate, 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 Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
NGRIN	Robert H. Bird 1840 N.W. Windy Pine Ave ARCADIA, 7L. 34266
 	
(Use attachment if necessary)	
(Use attachment if necessary) TICLE V: Effective date, if other than the an effective date is listed, the date must be 190 days after the date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior
TICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.) REQUIRED SIGNATURE:	

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)