

L13000107305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

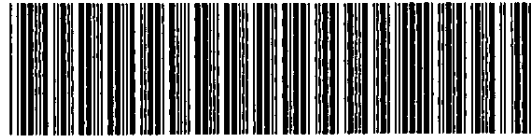
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Effective Date 07/25/13

07/29/13--01031--020 **130.00

FILED

2013 JUL 29 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2013

J. BRYAN

(850) 245-6051.

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: ROBERT SCOTT CONROY JR, LLC**
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT SCOTT CONROY JR
Name of Person

Firm/Company

61 UHL PATH
Address

Address

PALM COAST, FL 32164
City/State and Zip Code

City/State and Zip Code

bob-conroy@hotmail.com
E-mail address: (to be used for future annual report notification)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT SCOTT CONROY JR at **(386) 503-8022**
Name of Person Area Code & Daytime Telephone Number

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check 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 AddressRegistration 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 323012013 JUL 29 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROBERT SCOTT CONROY JR, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:61 UHL PATH
PALM COAST, FL 32164Mailing Address:Box 2344
61 UHL PATH Flagler Bch FL
PALM COAST, FL 32164

THANK YOU

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.)

Effective Date 07/25/13

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

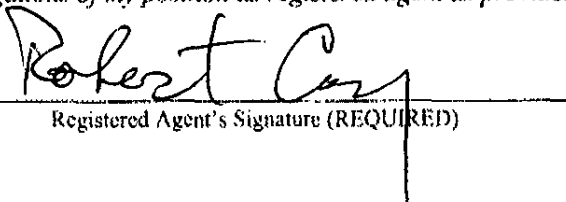
ROBERT SCOTT CONROY JR

Name

61 UHL PATHFlorida street address (P.O. Box NOT acceptable)PALM COAST FL 32164

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 Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

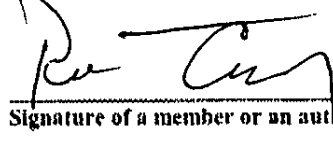
"MGRM" = Managing Member

MGRM**Name and Address:**

ROBERT SCOTT ~~SCOTT~~ ^{CONROY} JR
61 UHL PATH
PALM COAST, FLORIDA 32164

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/25/2013 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

ROBERT SCOTT CONROY, JR.
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)