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PICK-UP	☐ WAIT	MAIL
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K. SALY EXAMINER

MAR - 6 2014





March 15, 2013

ROBERT BANKS 9564 GALAXIE CIR. PORT CHARLOTTE, FL 33981

SUBJECT: ROBERT BANKS, LLC. Ref. Number: W13000015512

We have received your document for ROBERT BANKS, LLC. and your check(s) totaling \$780.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 413A00006227

Robert F Banks III

1823 Sadnet Lane

North Port, Fl 34286

RE: W13000015512 - LLC Articles of Organization

To Whom It May Concern:

On 3/15/2013 we submitted the Articles of Organization to form a new LLC. It was returned stating that we could not use our last name, "Banks" without certain approvals. Please allow us to use the corrections on the attached document. We have already paid the necessary fee and would like to use that toward the filing of the new Articles of Organization, Attached.

Please feel free to contact me if any additional information is needed,

Robert F Banks III

330-501-8663

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COVER LETTER

(Orrections 78 W13000015512 3/15/13

TO:	Registration Section Division of Corporations
	4

SUBJECT: B + B UN limited 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:

For further information concerning this matter, please call:

Robert F. Banks at (330) 501-8663

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 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:	
Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
NORTH PORT FLA. 34286	1823 Sadvet lave North Dort Fla 34286
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a Robert F. Name	TSANKS TII
1823 SAduct 18 Florida street address (P.O. Box)	NOT acceptable)
North Part	FL 34286

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager AMBR	Robert F. Banks TII
AMBR	North Port FlA. 34286
AMBR	Robert F. BANKS IV
	North PORT FIR 342
,	
	date of filing: (OPTIONAL)
EV: Effective date, it other than the ctive date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
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