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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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-08/11/14--01046--016 **160.00



COVER LETTER

TO: Registration Section Division of Corporations	, ,	
SUBJECT: Realty for Robert LLC Name of L	imited Liability Company	
The enclosed Articles of Organization and fee(s) Please return all correspondence concerning this	-	
Thomas A Roiston Jr	Name of Person	
Realty for Robert LLC	Firm/Company	
4779 Collins Avenue Apt 504	Address	
Miami Beach, FL 33140	City/State and Zip Code	
thomasrolston@gmail.com E-mail address: (to be us	sed for future annual report notifica lease call:	ation)
Michael A Rinaldi at a Name of Person	(<u>203</u>) <u>832-5845</u> Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount: \$\Bigsim \\$125.00 \text{ Filing Fee} \Bigsim \\$130.00 \text{ 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	Street/Courier Add Registration Section Division of Corpora Clifton Building	

Tallahassee, FL 32314

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:	
•	
Realty for Robert LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
(, , , , , , , , , , , , , , , , , , ,
ARTICLE II - Address:	
The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Timespar Office Address.	174HH12 /2007-035
Thomas A Rolston Jr	Thomas A Rolston Jr
4779 Collins Avenue Apt 504	4479 Collins Avenue Apt 504
Miami Beach, FL 33140	Miami Beach, FL 33140
ADTICLE III Decisional Acoust Decisional Office &	Desistened Agentia Cignotomes
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R	
another business entity with an active Florida registration.	
anomer susmess entry with an active 1 fortual registration.	,
The name and the Florida street address of the registered a	gent are:
Thomas A Rolston Jr	
Name	
4779 Collins Avenue Apt 504	
Florida street address (P.O. Box I	NOT acceptable)
100.000 00.000 (0.00. 20.00	<u></u>
Miami Beach	FL 33140
City	Zip
Having been named as registered agent and to accept serv	ice of process for the above stated limited liability company at
and soin. I finished again to comply with the provinces of	the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance
of my duties, and I am familiar with and accept the oblid	gations of my position as registered agent as provided for in
	r 605, F.S
70 N D	A
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1-11/9	W C N
Registered Agent's Signatu	ire (REQUIRED)
	(f)>

(CONTINUED) Page 1 of 2

MBR Thomas A Roiston Jr 4779 Collins Avenue Act 504 Miami Beach, FL 33140 MBR Michael A Rinaldi 29 Allapartus Circle Ossining, NY 10562 WE effective date, if other than the date of filing: OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or stiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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 A Roiston Jr Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$5.00 Certificat Copy (Optional) \$5.00 Certificate of Status (Optional)	<u> Fitle:</u>		Name and Address:	
Thomas A Rolston Jr 4779 Collins Avenue Act 504 Miami Beach, FL 33140 Michael A Rinaldi 29 Allapartus Circle Ossining, NY 10562 V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or stilling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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 A Rolston Jr Typed or printed name of signee Filling Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)		ber		
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Michael A Rinaldi 29 Allapartus Circle Ossining. NY 10562 Use attachment if necessary) V: Effective date, if other than the date of filing:	AMBR			
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29 Allapartus Circle Ossining. NY 10562 V: Effective date, if other than the date of filing:	AMRR		Michael A Rinaldi	
Ossining, NY 10562				
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