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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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JEGGETARY OF STATE
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FEB 0 9 2015

1) BRUCE

COVER LETTER

	ion Section of Corporations		
SUBJECT: Robi	n's Nest, Antiques & Unique Name of Lii	s LLC mited Liability Company	
The enclosed Artic	les of Organization and fee(s) a	re submitted for filing.	
Please return all co	rrespondence concerning this m	natter to the following:	
Russe	II Preston		
		Name of Person	
		Firm/Company	 .
		F	7A8 2011
<u>331 P</u>	ontevedra Lane	· · · · · · · · · · · · · · · · · · ·	The state of the s
		Address	20 B
Nicovi	lle. FL 32578		0 438 C
INICEVI		City/State and Zip Code	
RLPreston@	Cox.net		<u>~~5</u>
	E-mail address: (to be use	ed for future annual report notifica	ation)
For further informa	tion concerning this matter, ple	ase call:	
Russell Preston	at (850) 240-8407	
	Name of Person		lephone Number
	t for the following amount:	_	_
☑ \$125.00 Filing Fee	E □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Li\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F	Mailing Address Legistration Section Division of Corporations	Street/Courier Adde Registration Section Division of Corporat	 -
	P.O. Box 6327 Fallahassee, FL 32314	Clifton Building 2661 Executive Cent Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Robin's Nest, Antiques & Uniques 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:
Robin's Nest, Antiques & Uniques LLC 274 Edge Ave Valpariso, FL 32580	Preston / Robin's Nest 331 Pontevedra Lane Niceville, FL 32578
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Russell Preston	
Name	mo 🗝 🔃
331 Pontevedra Lane	
Florida street address (P.O. Box I	NOT acceptable)
Niceville	FL 32578
City	Zip
the place designated in this certificate, I hereby accept t	ice of process for the above stated limited liability company at 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 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>	Name and Address:
MGR" = Manager	
MGRB	Robin Preston
	331 Pontevedra Lane
	Niceville, FL 32578
ctive date is listed, the date must be	ate of filing:
EV: Effective date, if other than the d	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the detive date is listed, the date must be filing.) EVI: Other provisions, if any.	
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EV: Effective date, if other than the detive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
C.V: Effective date, if other than the detive date is listed, the date must be filing.) C.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member.
EV: Effective date, if other than the dective date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation units)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are guice formation submitted in a document to the Department of States.
C.V: Effective date, if other than the detive date is listed, the date must be filling.) C.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of States lony as provided for in s.817.155, F.S.)
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EV: Effective date, if other than the detive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in constitutes a third degree fe	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are fruic formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)