

L15000110217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

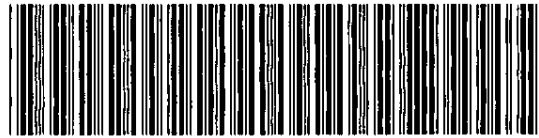
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700274262497

06/23/15--01018--019 **160.00

FILED
15 JUN 23 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2015

S. GILBERT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R&B Investment Properties of Plant City, 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:

William H Roberts

Name of Person

R&B Investment Properties of Plant City, LLC

Firm/Company

1808 James L Redman Parkway, # 306

Address

Plant City, Florida 33563

City/State and Zip Code

rob.rbinvestmentproperties@gmail.com

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

For further information concerning this matter, please call:

William H Roberts

813

334-0271

at ()

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 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:

R&B Investment Properties of Plant City, LLC

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

FILED
15 JUN 23 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1906 W. Thonotosassa Road, Suite # 2
Plant City, Florida 33563

Mailing Address:

1808 James L Redman Parkway
Box # 306
Plant City, Florida 33563

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.)

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

Beverly A Roberts

Name

3104 Azalea Blossom Drive

Florida street address (P.O. Box **NOT** acceptable)

<u>Plant City</u>	<u>Florida</u>	<u>33567</u>
City	State	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 605, F.S..

Beverly A Roberts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Wm H Roberts MGR

Name and Address:

3104 Azalea Blossom Drive

Plant City, Florida 33567

Beverly Roberts MBR

3104 Azalea Blossom Drive

Plant City, Florida 33567

(Use attachment if necessary)

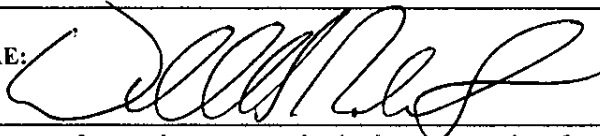
ARTICLE V: Effective date, if other than the date of filing: June 2015. (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED 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.)

William H Roberts

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)