L1500138129

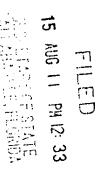
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
`		

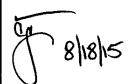
Office Use Only



900275440499

900275440499 08/11/15--01018--023 **160.00





COVER LETTER

TO:	Registration Division of	n Section Corporations					
SUBJE		SON VENTURES LLC					
SUBJE		Name of l	Limited Liabili	ty Company		_	
The end	closed Articles	s of Organization and fee(s)	are submitted	for filing.			
Please	return all corre	espondence concerning this	matter to the fe	ollowing:			
	JONATH	IAN M. ROBINSON					
			Name of	Person			
	ROBINS	ON VENTURES LLC					
	······································		Firm/Cor	npany			
	11 157 TU	JRNBRIDGE DRIVE					
			Addre	ess			_
	JACKSO	NVILLE, FL 32256					
	JONATHA	ANMROBINSON@OUTL	City/State and OOK.COM	Zip Code			_
		E-mail address: (to be us	ed for future a	nual report notific	ation)		_
For furth	er information	concerning this matter, ple	ase call:				
	JONATH.	AN M. ROBINSON	828	231-5358			
	N	ame of Person	Area Code	Daytime Teleph	one Number		
Enclose	ed is a check fo	or the following amount:					
]\$ 125.00	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	L Certifie) Filing Fee & d Copy I copy is enclosed)	Certificat		
	Nev Div P.O	iling Address w Filing Section ision of Corporations Box 6327 lahassee, FL 32314) 	Street Address New Filing Section Division of Corpora Clifton Building 2661 Executive Ce Fallahassee, FL 32	nter Circle	METACLE, FLOR	15 AUG 1 PM 12: 33

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				FILED
The name of the Limited Liability	y Company is:		15	AUG 11 PH 12: 33
ROBINSON VENTU	RES LLC		npany, "L.L.C.," or "LLC.")	CRETARY OF STATE
(Must end v	vith the words "Limited I	Liability Cor	npany, "L.L.C.," or "LLC.")	E ARASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	ice of the Li	mited Liability Company is:	
Princips	l Office Address:		Mailing Addre	<u> 385</u> :
11157 TURNBRIDG	E DRIVE		11157 TURNBRIDGE DRIVI	₽
JACKSONVILLE, F	L 32256		JACKSONVILLE, FL 32256	
another business entity with an a The name and the Florida street a	ddress of the registered a	igent are: INSON Name		
	Florida street address		OT acceptable)	
	JACKSONVILLE	FL	32256	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	I hereby accept the appoint ovisions of all statutes rela	intment as re ating to the p s registered d	gistered agent and agree to act it roper and complete performanc	n this capacity. I e of my duties, and I

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	JONATHAN M. ROBINSON
WOR	11157 TURNBRIDGE DRIVE
	JACKSONVILLE, FL 32256
(Use attachment if necessary)	
ective date is listed, the date must be soffiling.) the date inserted in this block does not ment's effective date on the Department.	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b t of State's records.
ective date is listed, the date must be soffiling.) the date inserted in this block does not ment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be to of State's records.
ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic that any false.	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be to of State's records. a. While the applicable statutory filing requirements, this date will not be to of State's records. a. While the applicable statutory filing requirements, this date will not be to of State's records. a. While the applicable statutory filing requirements, this date will not be to of State will not be state applicable. The state of State in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic that any false.	meet the applicable statutory filing requirements, this date will not be to of State's records. a. While the applicable statutory filing requirements, this date will not be to of State's records. a. While the applicable statutory filing requirements, this date will not be to of State's records. a. While the applicable statutory filing requirements, this date will not be to of State will not be state applicable. The state of State in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
ctive date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic of the degree of the degree of the degree of the date of th	meet the applicable statutory filing requirements, this date will not be tof State's records. a. White in the applicable statutory filing requirements, this date will not be tof State's records. a. White in a state in a document to the Department of State information submitted in a document to the Department of State in formation in s.817.155, F.S. I. ROBINSON Typed or printed name of signee Filing Fees:
ctive date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is exect I am aware that any false constitutes a third degree JONATHAN Man Signature of O	meet the applicable statutory filing requirements, this date will not be to of State's records. Machine to an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. see information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. I. ROBINSON Typed or printed name of signee Filing Fees: Trganization and Designation of Registered Agent
setive date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is exect I am aware that any false constitutes a third degree JONATHAN Man S125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional)	meet the applicable statutory filing requirements, this date will not be to of State's records. Machine to an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. see information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. I. ROBINSON Typed or printed name of signee Filing Fees: Trganization and Designation of Registered Agent
ctive date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is exect I am aware that any false constitutes a third degree JONATHAN Man Signature of O	meet the applicable statutory filing requirements, this date will not be tof State's records. The property of a member of a
setive date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is exect I am aware that any false constitutes a third degree JONATHAN Man Signature of O \$ 30.00 Certified Copy (Optional)	meet the applicable statutory filing requirements, this date will not be to of State's records. Machine to an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. see information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. I. ROBINSON Typed or printed name of signee Filing Fees: Trganization and Designation of Registered Agent