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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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16 JUL -5 AH 5: 58

SECRETARY OF STATE TALLAMAST TELT ORIDA

COVER LETTER

	Registration Section Division of Corporations				
SUBJECT	Robin Realty&Investments				
SUBJEC		Limited Liabil	ity Company		
The enclo	sed Articles of Organization and fee(s)	are submitted	for filing.		
Please ret	urn all correspondence concerning this	matter to the f	following:		
	Tamika Moses				
		Name of	Person		
	Robin Realty & Investments				
		Firm/Co	mpany		
	12590 Pines Blvd #260923				
		Addr	ress		
	Pembroke Pines, FL 33026			_ i 6	TAT 38
	tmosesrealestate@gmail.com	City/State an	d Zip Code	- Inc	CRETA
	E-mail address: (to be us	sed for future a	annual report notification)	شر ن <u>ي</u>	387 840
For further	information concerning this matter, ple	ase call:		₹ 5:	132
	Tamika Moses	954 (404-4646	58	DALE TOTE
	Name of Person	Area Code	Daytime Telephone Number		<i></i>
Enclosed	is a check for the following amount:				
, \$125.00 F	_	LCertifi	00 Filing Fee & \$160.00 Filing Fe ded Copy Sertificate of State Certified Copy (additional copy is en	us &	ı
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	, end with the words. Emilied Eddi	ility Company, "L.L.C.," or "LLC.")	
CLE II - Address:			
	reet address of the principal office	of the Limited Liability Company is:	
<u>Pr</u>	incipal Office Address:	Mailing Address	:
12590 Pines Bl	vd #260923	12590 Pines Blvd #260923	
		Pembroke Pines, FL 33026	
Limited Liability Con er business entity wit	d Agent, Registered Office, & Re	egistered Agent's Signature: stered Agent. You must designate an indivi	dual or
CLE III - Registere Limited Liability Con or business entity wit	d Agent, Registered Office, & Renpany cannot serve as its own Regin han active Florida registration.) Street address of the registered agentamical Moses	egistered Agent's Signature: stered Agent. You must designate an indivi	dual or
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

16 JUL -5 AH 5: 58

SECRETARY OF STATE

Title:		Name and Address:
	uthorized Member	
MGR" = Ma	nager	77 11 14
MGR		Tamika Moses
		12590 Pines Blvd #260923
		Pembroke Pines, FL 33026
		
	 	
		
EV: Effective date is filing.)	e date, if other than the date of fi isted, the date must be specific	iling: (OPTIONAL) ic and cannot be more than five business days prior to or 90
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ARTICLE IV-