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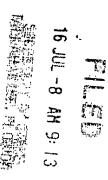
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Robert Braun Services, 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:
Robert Braun Name of Person
Firm/Company
7751 Ace Rd S
Lake Worth, FL 33467 City/State and Zip Code 10umarce/lo@hotma:1.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Braun at 561 758-2101 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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Robert T (Must end with the words	3 raw Ser	ryices, LLC	
ARTICLE II - Address: The mailing address and street address of the p.			
Principal Office Add 7751 ACE RO Lake Wash, E	ress: 1 S L 33467	Mailing Addi 7751 ACE 1 Lake Work	ress: Rd S h, FL 33467
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida r	s its own Registered Age		dividual or
The name and the Florida street address of the	registered agent are:	raun	
	ACE Rd et address (P.O. Box NO	S T acceptable)	
C	Worth FL	33467 Zip	. His comment of the
Having been named as registered agent and to ac place designated in this certificate, I hereby accepturther agree to comply with the provisions of all am familiar with and accept the obligations of my	nt the appointment as regi statutes relating to the pr	istered agent and agree to act oper and complete performan	in this capacity. I ce of my duties, and I
•	Registered Agent's Si	gnature (REQUIRED)	16 JUL
	Page 1 of 2		-8 AM 9:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	0-1 + 0-1 0
MGR	RODEL MA DO C
	Take Worth FL 33467
A 44.4.0	Oaka to Oaa
AMBR	MODERT BRUN
	Lake Worth FL 33467

(Use attachment if necessary)	
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REQUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false is constitutes a third degree \$125.00 Filing Fee for Articles of Organization of the date inserted in this block does not me document's effective date on the Department of the document is execute. Signature of a men This document is execute. I am aware that any false is constitutes a third degree.	eet the applicable statutory filing requirements, this date will not be list State's records. The of an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
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ARTICLE IV-

Page 2 of 2