6/600136523

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	ry/State/Zip/Phone #	<u> </u>
(Cit	.y/Gtate/Zip/Filone #	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(,
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instrinctions to	Eiling Officer	
Special Instructions to	riling Officer.	
:		

Office Use Only



200287779832

07/12/16--01003--008 **130.00

16 III 12 M 9:01

Thom

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJEC	Robin Dale Enterprises LLC			
SUBJEC		of Limited Liability Company		
The encl	osed Articles of Organization and fee	(s) are submitted for filing.		
Please re	turn all correspondence concerning the	nis matter to the following:		
	Robin Dale Goldstein			
		Name of Person		
	Robin Dale Enterprises LLC			
		Firm/Company		
	4519 NW 34th Place			
	<u></u>	Address		
	Ocala, FL 34482		16 JU	TALLA
	peace42@earthlink.net	City/State and Zip Code	- 12	
	E-mail address: (to be	used for future annual report notification)	320	
For further	information concerning this matter,	please call:	9: 0	STA
	Robin D Goldstein	352 615-7577 at ()		DA TE
	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 State	& \$155.00 Filing Fee & \$160.00 Filing In Certificate of St (additional copy is enclosed) Certificate Copy (additional copy is	atus &	ed)
	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

ARTICLE I - Name:

Robin Dale Enterpri	with the words "Limited	d Liability Company	"I I C " or "I I C ")	
(Must end	with the words "Limited	и главину Сотрапу	, "L.L.C., "OF "LLC.")	
ΓΙCLE II - Address:				
mailing address and street a	ddress of the principal o	office of the Limited	Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
4519 NW 34th Place	:	4519	NW 34th Place	
Ocala, FL 34482		Ocal	a, FL 34482	
e Limited Liability Company	cannot serve as its own	& Registered Ager		ial or
ne Limited Liability Company other business entity with an	y cannot serve as its own active Florida registration address of the registered	& Registered Agert Registered Agent. Von.)	t's Signature:	ial or
ne Limited Liability Company other business entity with an	y cannot serve as its own active Florida registration	& Registered Agent. Yon.) d agent are:	t's Signature:	nal or 16 JUL 12
RTICLE III - Registered Ag he Limited Liability Company other business entity with an he name and the Florida street	y cannot serve as its own active Florida registration address of the registered	& Registered Agert Registered Agent. Von.)	t's Signature:	16 JUL 12
he Limited Liability Company other business entity with an	y cannot serve as its own active Florida registration address of the registered	& Registered Agert Registered Agent. Von.) d agent are:	t's Signature:	16 JUL 12 AH
he Limited Liability Company other business entity with an	y cannot serve as its own active Florida registration address of the registered Robin Dale Goldstein	& Registered Ager a Registered Agent. Von.) d agent are: n Name	t's Signature: You must designate an individu	nal or 16 JUL 12 AH 9: 0
he Limited Liability Company other business entity with an	y cannot serve as its own active Florida registration address of the registered Robin Dale Goldstein 4519 NW 34th Place	& Registered Ager a Registered Agent. Von.) d agent are: n Name	t's Signature: You must designate an individu	16 JUL 12 AH 9:

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
NA	
(Use attachment if necessary)	
ective date is listed, the date must be of filing.)	ate of filing: July 4, 2016 . (OPTIONAL) specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ant of State's records.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the dective date is listed, the date must be of 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 This document is exert am aware that any factories.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not

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)

ARTICLE IV-