

L1600208315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

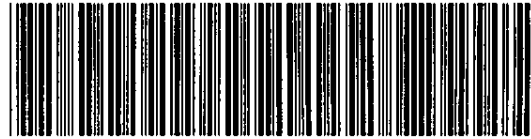
(Business Entity Name)

(Document Number)

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10/11/16--01025--007 **160.00

16 NOV 8 PM 4:51
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Robin Hood Properties 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:

Robin L Teasley
Name of Person

Firm/Company

1013 Lincoln St
Address

Seymour WI 54165
City/State and Zip Code

Robin Teasley@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Teasley at (920) 284-1296
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

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

11/08/16

CORPORATE DETAIL RECORD SCREEN

11:15 AM

NUMBER: W16000069934

REJECTED FILING

REJ: 10/12/2016

NAME : ROBIN HOOD PROPERTIES L.L.C.

SUBMIT BY: ROBIN L TEASLEY

ADDRESS : 1013 LINCOLN ST

SEYMORE, WI 54165

USER ID : JAFASON

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WI 54165

Robin Teasley
1013 Lincoln St
Seymour Fl.
3/1/65

Reference # is.
W16000069934

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

Big Oaks RV Resort
14035 W. River Rd.
Inglis FL 34449

Mailing Address:

1013 Lincoln St
Sumner WI
54165

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:

Kim Griffin
Name
3181 Isla Wild Way
Florida street address (P.O. Box **NOT** acceptable)
Village FL 32163
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.

Kimberly Ziffer
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Robert L Teasley
1013 Lincoln St
Seymour WI 54165

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Robert L Teasley

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Robert L. Teasley

Typed or printed name of signer

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)