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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

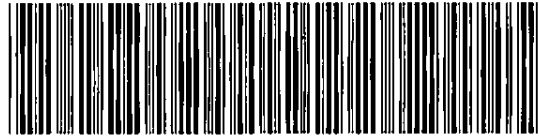
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2218 MAY -8 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C RICO
MAY 08 2018



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: COACH ROB 1
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:

SEARICK C. ROBINSON
Name of Person

P.O. BOX 154
Address

CRAWFORDVILLE FL 32326
City/State and Zip Code

RSEARICK@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEARICK ROBINSON at (850) 322 5644
Name of Person Area Code Daytime Telephone Number

FILED
2210 MAY - 8 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COACH ROB LLC
(Must contain 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: 70 HOLY GHOST CT
CRAWFORDVILLE, FL 32326
Mailing Address: P.O. BOX 154
CRAWFORDVILLE, FL
32326

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:

SCARLETT C. ROBINSON
Name
70 HOLY GHOST CT
Florida street address (P.O. Box **NOT** acceptable)
CRAWFORDVILLE, FL 32326
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 and 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.

[Signature]
Registered Agent's Signature (REQUIRED)

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2018 MAY - 8 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FL

(CONTINUED)

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:

SCARLEK C ROBINSON
P.O. BOX 154
CRAWFORDVILLE FL 32326

(Use attachment if necessary)

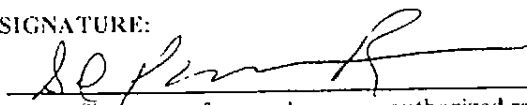
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL).
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

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TALLAHASSEE, FLORIDA
JANUARY - 8 PM 1:13
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REQUIRED SIGNATURE:



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.

SCARLEK C ROBINSON

Typed or printed name of signee

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)