

5/16/2018

L18000122637

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000151885 3)))



H180001518853ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : PYLE & DELLINGER, PL.
Account Number : I20000000053
Phone : (386)615-9007
Fax Number : (386)676-2615

FILED
2018 MAY 16 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
2018 MAY 16 AM 9:11
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.

Robin Hood Trail, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

4180001518853

FILED

2018 MAY 16 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
ROBIN HOOD TRAIL, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 605, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is **ROBIN HOOD TRAIL, LLC**.

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **361 Perfect Drive, Daytona Beach, FL 32124**.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The name of the Registered Agent is **Hector J. Schenck** and the Florida street address of the registered agent is **361 Perfect Drive, Daytona Beach, FL 32124**.

**ARTICLE IV
MANAGEMENT**

The Company is managed by a Manager. The person initially appointed as Manager is **Hector J. Schenck**.


IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 15 day of May, 2018.


Hector J. Schenck

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 15th day of May, 2018, by **Hector J. Schenck**, who ☐ is personally known to me or ☒ presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____, as identification.




Notary Public
Ashley N. Duz
(Printed Name)
My Commission Expires:

H 180001518853

H180001518853

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 605, Florida Statutes.



Hector J. Schenck, Registered Agent

FILED
2018 MAY 16 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H180001518853