## L19000206314

· (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Robin G To Name of Limited	JB135 Framing LLC I Liability Company
The enclosed Articles of Organization and fee(s) are sul	omitted for filing.
Please return all correspondence concerning this matter	to the following:
· ROBIN G TOBE	<u>5</u>
,	lame of Person
	·
# 2959 Cathed	Tal Dr Address
Tallahassee FL City	
City/	State and Zip Code
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please ca	H:
_	
Kobin Tubbs at 85	Code Daytime Telephone Number
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	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy additional copy is enclosed)  S160.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ROBIN G TUBBS FRAM	INA LLC
(Must contain the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the l	Limited Liability Company is:
Principal Office Address:	Mailing Address:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Robin Tul	165	
	Name	
2959 Catte	Iral Dr	
Florida street address		cceptable)
Tullalussee.	FL	32310
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. Thereby 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.

egistered Agent's Signature (REQUIRED)

(CONTINUED)

19 AUG 19 AM 10: 51

Title:	Name and Address:
"AMBR" = Authorized Mei "MGR" = Magager	Robin Tubbs
	2959 Catheday DE
·	Tallahessee FL. 32310
MMDIR	William S. Khito
	8738 Belarado Ct. Tellahitrasse Fl. 3
44444	
(Use attachment if necessar	y)
CLE V: Effective date, if other	r than the date of filing: Aug. 19, 2019 (OPTIONAL) te must be specific and cannot be more than five business days prior to or 90 days after
ate of filing.)	
	ack does not meet the applicable statutory filing requirements, this date will not be listed a experiment of State's records.
ICLE VI: Other provisions, if ar	ny.
<del> </del>	
<u> </u>	
REQUIRED SIGNATUR	FJ M//

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

STORETARY OF STATE