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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Robert C. P.	almer III LLC e of Limited Liability Company
The enclosed Articles of Organization and f	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Babin 7	Name of Person
Shell 1	Firm/Company Mengo
226 Pa	later Place, North Floor
	Address
Pensac	dn FL 32502
b palmer (3)	City/State and Zip Code Shell fleming. Com be used for future annual report notification)
E-mail address: (to	he used for future annual report notification)
For further information concerning this matte	r, please call:
Robert Palmer	at (<u>\$ <0</u>) <u>206 - 1447</u> Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	nt:
□\$125.00 Filing Fee □\$130.00 Filing Certificate of St	g Fee & □S155.00 Filing Fee & □S160.00 Filing Fee, attis Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	.E I -	- Name:
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The name of the Limited Liability Company is:

Rubert C. Palmer III LLC
(Must conatin the words "Limited Liability Company," L.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3298 Summit Blu Suite 22 3んの3

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;

Robert C. Palmer III Name
4604 Rommitch Lane
Florida street address (P.O. Box NOT acceptable)

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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager <u>MC-R</u>	Rubert C. Palme str 4604 Remmited Lane Pensacola, FL 325V4	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date	of filing: December 20, 2019. (OPTIONAL)	
the date of filing.)	need the applicable statutory filing requirements, this date will not be list of State's records.	
REQUIRED SIGNATURE:		
Signature of a me This document is execu	ember or an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State	
constitutes a third degre	the felony as provided for in s.817.155, F.S.	
\$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent SEC STATE Filing Fees: rganization and Designation of Registered Agent	T T T