L21000030576

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

Office Use Only



300359280163

02/02/21--01002--002 **125.00

COVER LETTER

1.

TO: New Filing Section Division of Corp			
SUBJECT: Bob	in Son Stone Name of Limit	ed Liability Company	. .
	Organization and fee(s) are s		
David	Robinson	Name of Person	
Rob	inson Ston	ELLC Firm/Company	
622	7 Heather	Address	<u></u>
Panan david	G City City City	ty/State and Zip Code A 200 - COM for future annual report notification	
For further information co	ncerning this matter, please	call:	
Delvid	Robinson at (2	ea Code Daytime Telephone	Number
Enclosed is a check for t	he 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)
	ng Address	Street Address New Filing Section Di	vision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	2021 FEB - 1 PH 3: 40
Robinson Stone LLC. (Must contain the words "Limited Liability Comp	SECRETAL STATE
ARTICLE II - Address: The mailing address and street address of the principal office of the Lie	mited Liability Company is:
Principal Office Address:	Mailing Address:
Earner City, FC 32404	Tanama City FL 32404
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	l Agent's Signature: gent. You must designate an individual or
David Rubinson Name	<u> </u>
6227 Heather 7 Florida street address (P.O. Box 2	ParieLa Panama City FL 32404 NOT acceptable)
City State	Zip
Having been named as registered agent and to accept service of process place designated in this certificate. I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered	egistered agent and agree to act in this capacity. 1 proper and complete performance of my duties, and l

(CONTINUED)

۸	D'I	1"[(1	1	١,٠	IV-
	IX.		L. 1		i'a .	

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Paris Robinson 6227 Heither marie La Penema City FL 32404
	2021 FEB
(Use attachment if necessary)	PH 3: 40
f an effective date is listed, the date muss be-	ate of lilingson in the more than five business days prior to or 90 days after an interapplicable; statutory filing requirements this date with an or lasted as the
RTICLEA'S Other provisions, if any.	•-
This document is exe I am aware that any f	humberor, an authorized representative of a member. contedur accommon with section 605,0363 (4), (b) a Florida Statutes, also miormanon submitted in adocument to the Department of State agree felony as provided for in \$.817.155. F.S.
David	Pobio Son Typed or printed name of signee

٠,*;

Filing Fees:
- 1738 on halfing Poesido Arriches of Occumization and Designation of Registered Agents.