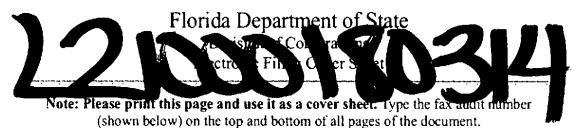
Division of Corporations



(((H21000165974 3)))



H210001659743ABC2

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 : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: HUBERTKCPA@OPTONLINE.NET

FLORIDA LIMITED LIABILITY CO. EAST ROBINSON LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.om/scripts/efilcovr.eye.

H21000165974

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FAS	ST ROBINSON LL	C	
	words "Limited Liability		"or "LLC.")
ARTICLE II - Address:			
The mailing address and street address of	the principal office of th	e Limited Liability	Company is:
Principal Office Address:	Malling Addre	<u>!ss:</u>	
150 EAST ROBINSON STREET, UNIT 20	008 150 E	AST ROBINSON ST	REET, UNIT 2008
ORLANDO, FL 32801	ORLA	NDO, FL 32801	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot s another business entity with an active Flo	serve as its own Registere		
The name and the Florida street address o	of the registered agent are	•'	
MICHAEL GO	OULD		_
	Name		
150 EAST RO	OBINSON STREET	T, UNIT 2008	_
Florida street add	dress (P.O. Box <u>NOT</u> ac	ceptable)	
ORLANDO	FL	32801 Zip	_
	City	Zip	
Having been named as registered agent a the place designated in this certificate, capacity. I further agree to comply with of my duties, and I am familiar with an	. I hereby accept the appo the provisions of all state	ointment as registere utes relating to the p of my position as reg	d agent and agree to act in this roper and complete performance
l/Mr	n		
_	d Agent's Signature (REC		
1	MICHAEL GOULD		, ,
	(CONTINUED)		. 3
	Page 1 of 2		· · ·

H21000165974

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address:	
"MGR" = Manager AMBR		
	MICHAEL GOULD	
	150 EAST ROBINSON STREET, UNIT 2008	
	ORLANDO, FL 32801	
AMBR	JACQUELINE BONDANZA	
	150 EAST ROBINSON STREET, UNIT 2008	
	ORLANDO, FL 32801	
(Use attachment if necessary)		
fective date is listed, the date must be specific of filing.)	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90	day
fective date is listed, the date must be specific	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90	day
Tective date is listed, the date must be specific of filing.)	ling:	day
Tective date is listed, the date must be specific of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior to or 90	day
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under 1 am aware that any false inform	r or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	day
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under 1 am aware that any false inform	r or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	day
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony	r or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State	day
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony	r or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) MICHAEL GOULD	day

Page 2 of 2