## L21000389268

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

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ROBINSON GATEWAY LAND HOLDINGS	
LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
İ	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
i	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Rctrieval
Walk-In Will Pick Up	Courier

## **COVER LETTER**

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and Holdings, LLC	С		
Name of Limit	ted Liabilit	y Company	
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	Name of I	'erson	
	Firm/Con	npany	<del></del>
-	Addre	ss	
-	y/State and	Zip Code	
	or future an	nual report notificati	on)
his matter, please c	ali:		
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orations			
32314			
	Name of Limitation and fee(s) are soncerning this matter alters.com livess: (to be used for his matter, please of \$41 at (200	Address: (to be used for future and his matter, please call:  at (	Name of Limited Liability Company  tion and fee(s) are submitted for filing.  Dencerning this matter to the following:  Name of Person  Firm/Company  Address  City/State and Zip Code alters.com  Press: (to be used for future annual report notification in this matter, please call:  1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Robinson Gateway Land Holdings, LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address:</u>
The mailing address and street address of the principal office	

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

another business entity with an active Florida registration.)

Blałock Walters, PA
Name

802 11th Street West
Florida street address (P.O. Box NOT acceptable)

Bradenton Florida 34205
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, 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)

William C. Robinson
802 11th Street West Bradenton, FL 34205
Princenton, Fig. 5 valle
<del></del> -
of filing:
unhar or an authorized conrecentative of a mamber
cember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.

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

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)