

L 21000498589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

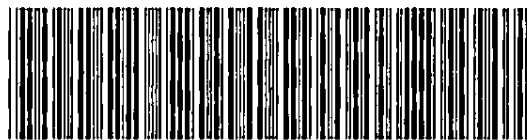
(Document Number)

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Special Instructions to Filing Officer:

W21-142010

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10/27/21 --01015--001 **70.00

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ruth Robert small Biz Consulting LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ruth Robert
Name of Person

Ruth Robert small Biz Consulting LLC
Firm/Company

7972 Pines Blvd # 245039
Address

Pembroke Pines, FL 33024
City/State and Zip Code

RuthvRobert@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth Robert at (754) 245-0395
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 ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2021

RUTH ROBERT
7972 PINES BLVD #245039
PEMBROKE PINES, FL 33024

SUBJECT: RUTH ROBERT SMALL BIZ CONSULTING LLC
Ref. Number: W21000142010

We have received your document for RUTH ROBERT SMALL BIZ CONSULTING LLC and check(s) totaling \$70.00 of which \$70.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$55.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Senior Section Administrator

Letter Number: 421A00026313

AUTHORIZATION STATEMENT

09/29/2021

I Ruth Robert am the owner of and CEO of RUTH ROBERT SMALL BIZ CONSULTING LLC

Document Number L18000154930, I have no intention of reinstating the dissolved LLC.

Should you have any further questions please contact me directly at the phone number listed below.

A handwritten signature in black ink, appearing to read 'Ruth Robert', with a stylized flourish at the end.

Ruth Robert

7972 PINES BLVD

#245039

PEMBROKE PINES, FL 33161

Ph: 754-245-0395

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ruth Robert Small Biz Consulting LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

7972 Pines Blvd #245039
Pembroke Pines, FL 33024

Mailing Address:

7972 Pines Blvd #245039
Pembroke Pines, FL 33024

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:

Ruth Robert
Name
7972 Pines Blvd #245039
Florida street address (P.O. Box **NOT** acceptable)
Pembroke Pines, FL 33024
City State Zip

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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..

[Signature]
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

"MGR" = Manager

MGR

Name and Address:

Ruth Robert

7972 Pines Blvd # 245039
Pembroke Pines, FL 33024

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/29/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

N/A

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ruth Robert

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)