Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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 : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Robin Ventures LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

то:	New Filing Section Division of Corporations
SUBJE	ROBIN VENTURES LLC
00,,,,	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Craig Wenzel
	Name of Person
	ROBIN VENTURES LLC
	Firm √ Company
	1111 Lincoln Road, Suite 500
	Address
	Miami Beach, FL 33139
	City/State and Zip Code craig.wenzel@robinventuresHc.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Courtney L. Scanlon 716 848-1538
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$1 25.00	Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Status Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SOFORGANIZATION FOR		
ARTICLE I - Name:			
The name of the Limited Lia	ibility Company is:		
ROBIN VENTU	RES LLC		
(Must	contain the words "Limited	Liability Company,	, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	eet address of the principal of	office of the Limited	I Liability Company is:
Pri	ncipal Office Address:		Mailing Address:
1111 Lincoln Ro	oad, Suite 500	111	1 Lincoln Road, Suite 500
Miami Beach, F	Agent, Registered Office, pany cannot serve as its own	& Registered Age	nni Beach, FL 33139 nt's Signature: You must designate an individual or
Miami Beach, F ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Age Registered Agent. on.)	nt's Signature:
Miami Beach, F ARTICLE III - Registered (The Limited Liability Companion)	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Age Registered Agent. on.)	nt's Signature:
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Miami Beach, F ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Age n Registered Agent. on.) d agent are:	nt's Signature:
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Miami Beach, F	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Craig Wenzel 1111 Lincoln Road,	& Registered Age n Registered Agent. on.) d agent are: Name Suite 500	nt's Signature: You must designate an individual or

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..

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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