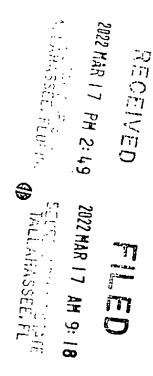
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ROMBERT WHITNALL RR LLC	
· · · · · · · · · · · · · · · · · · ·	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	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
organica.	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC II Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

	sw Filing Section vision of Corporations
SUBJECT	Rombert Whitnall RR LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	m all correspondence concerning this matter to the following:
	Ross Romanh
	Name of Person
	Plrm/Company
	1155 Belle Meade Island Drive
	Address
	Miami, FL 33138
	City/State and Zip Code
•	E-mail address: (to be used for future annual report notification)
Por further in	nformation concerning this matter, please call:
	st()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (edditional copy is enclosed) S160.00 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 Sirest Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314 Sirest Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rombert Whitnal			
(Must c	ontain the words "Limited L	lability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the Limited	Liability Company is:
<u>Prin</u>	ripal Office Address:		Mailing Address:
1155 Belle Meade	Island Dr.	1155	Belle Meade Island Dr.
The Limited Liability Compr	Agent, Registered Office, & uny cannot serve as its own F	Registered Agent.	ni, FL 33138 It's Signature: You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	Agent, Registered Office, & uny cannot serve as its own F un active Florida registration et address of the registered i	Registered Agent. No.)	it's Signature:
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	Agent, Registered Office, & uny cannot serve as its own F un active Florida registration et address of the registered i Mark L	k Registered Agent. Y	it's Signature:
ARTICLE III - Registered A (The Limited Liability Companion)	Agent, Registered Office, & uny cannot serve as its own F un active Florida registration et address of the registered i Mark L	Registered Agent. No.) agent are: Rivlin, P.A.	it's Signature: You must designate an individual or
ARTICLE III - Registered A (The Limited Liability Companion)	Agent, Registered Office, & uny cannot serve as its own F un active Florida registration et address of the registered i Mark L	Registered Agent. Va.) agent are: Rivlin, P.A. Name	it's Signature: You must designate an individual or
ARTICLE III - Registered	Agent, Registered Office, & uny cannot serve as its own Fin active Florida registration et address of the registered in Mark L	Registered Agent. Va.) agent are: Rivlin, P.A. Name	it's Signature: You must designate an individual or

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.

ncMPA Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Dana Dana al
MGR	Ross Romash
	1155 Beile Meade Island Dr
	Miami, FL 33138
	
	
(Use attachment if necessary)	
LEV: Effective date, if other than the date must	the date of filling: (OPTIONAL)
fective date is listed, the date mus of flling.) If the date inserted in this block do ument's effective date on the Deps	it be specific and caunot be more than five business days pater to or 30 os not meet the applicable statutory filing requirements, this date will not
fective date is listed, the date must of flling.) If the date inserted in this block doument's effective date on the Depa LE VI: Other provisions, if any.	it be specific and caunot be more than five business days pater to or 30 os not meet the applicable statutory filing requirements, this date will not
Rective date is listed, the date muse of filing.) If the date inserted in this block downent's effective date on the Department's effective date on the Department. If any. RECHIRED SIGNATURE:	at be specific and cannot be more than five business days prior to or 90 os not meet the applicable statutory filing requirements, this date will not ortment of State's records.
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rective date is listed, the date musef filing.) If the date inserted in this block downent's effective date on the Department's effective date on the Department is EVI: Other provisions, if any. REOUTRED SIGNATURE: Signature This document is I am aware that a	of a member or an authorized representative of a member. of a member or an authorized representative of a member. of a member or an authorized representative of a member. of a member or an authorized representative of a member. of a member of a member of a member. of a member of a member.
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)