## 122000/7/362

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
PRESENT AND
Office Use Only



600386485196

04/28/22---01002---016 \*\*125.00

DIVISION OF CORPONOLIONS TALLAHASSEE, FLORIDA 2022 APR 26 PM 1: 32

J DENNIS

APR 2 6 2022

## COVER LETTER

	New Filing Section Division of Corporations					
ann tea	The Roberts Investment G	OFFL, roup, LLC				
SUBJEC	T: Name of Limited Liability Company					
The enclo	osed Articles of Organization a	nd fee(s) are sub	mitted for filing.			
Please ret	urn all correspondence concer	ning this matter t	o the following:			
	Roderick Roberts					
	4-4-10-	Na	me of Person	<u></u>		
	Firm/Company					
	7320 E Fletcher Ave #8272					
Address						
	Tampa, FL 33637					
	316	City/St	ate and Zip Code			
	rodeze21@gmail.com  E-mail address:	(to be used for fi	iture annual report notifica	tion)		
For further	information concerning this m	atter, please call:				
	Roderick Roberts	352	346-5270			
	Name of Person	Area C	ode Daytime Telephor	ne Number		
Enclosed	is a check for the following an	nount:				
≘\$125.0	0 Filing Fee U\$130.00 Fi Certificate o	f Status (	LIS155.00 Filing Fee & Certified Copy ditional copy is enclosed)	LI\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327	ons	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee		

Tallahassee, FL 32303

Tallahassee, FL 32314

## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,I, LABILITY\,COMPANY$

The Roberts Investme	y Company is:  OF FU  ent Group, LLC	Lish Him Commany	ol I C Torrill C T			
(Must conta	in the words "Limited	парицу Сотрапу.	L.L.C., Of L.C.			
ARTICLE II - Address: The mailing address and street ad	idress of the principal c	office of the Limited	Liability Company is:			
<u>Principa</u>	al Office Address:		Mailing Address:			
7320 E Fletcher Ave	#8272		E Fletcher Ave #8272			
Tampa, FL 33637		<u>Tam</u>	Tampa, FL 33637			
	Name 7720 N. Klandon Aver 68 273					
	7320 E Fletcher Ave #8272  Florida street address (P.O. Box <u>NOT</u> acceptable)					
	Tampa	FL	33637			
	City	State	Zip			
	• •					

(CONTINUED)

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Roderick L. Roberts
	7320 E. Fletcher Ave #8272
	Tampa, FL 33637
AMBR	Willard Roberts
AWIDK	7320 E Fletcher Ave #8272
	Tampa, FL 23637
AMBR	Jamaal R Roberts 7320 F Fletcher Ave #8272
	Tampa, FL 33637
If an effective date is listed, the date mus he date of filing.)	the date of filing: 5/6/2022 (OPTIONAL)  the specific and cannot be more than five business days prior to or 90 days after  es not meet the applicable statutory filing requirements, this date will not be listed a  timent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Rep
Signature	of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that ar	ry false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Roderick I	Roberts
	Typed or printed name of signee

as

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)