

To:

Page: 1 of 4

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From: John Gurba

1/5/23, 10:03 AM

**L23000003734**

Division of Corporations  
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To:

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From:

Account Name : COURTACCESS CENTERS, LLC  
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Phone : (813)875-1333  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: acrobben@yahoo.com

**FLORIDA LIMITED LIABILITY CO.**

**Robben Optometric Consulting LLC**

Certificate of Status	1
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Page Count	04
Estimated Charge	\$130.00

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**\* ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY****ARTICLE I****Name and Address**

The name of this Limited Liability Company is:

**Robben Optometric Consulting LLC**

The mailing address and street address of the Limited Liability Company are:

**65 Sitara Lane  
St. Johns, FL 32259****ARTICLE II****Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III****Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV****Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance  
Of CourtAccess Centers LLC, a  
non-lawyer located at 13046 Race Track Rd,  
Suite 131, Tampa, FL 33626. 813-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**65 Sitara Lane  
St. Johns, FL 32259**

and the name of its registered agent at such address is:

**Amanda Robben**

**ARTICLE VI**  
**Management**

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

**Name and Address**

**Amanda Robben, Authorized Member  
65 Sitara Lane  
St. Johns, FL 32259**

**Jerry Robben, Authorized Member  
65 Sitara Lane  
St. Johns, FL 32259**

Dated: Thursday, January 05, 2023

DocuSigned by:



Amanda Robben, Authorized 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.**

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**ACCEPTANCE BY REGISTERED AGENT**

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..

Date: January 5, 2023

DocuSigned by:  
  
075B23E0FCE0248

Amanda Robben

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