## M05000004474

(Requestor's Name)
(Address)
7Addison
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(======================================
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



08/11/05--01037--011 \*\*155.00





## CAPITAL'CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk In

Will Diale Lin

Robon Properties LLC	Salle 1 PH 3: 41
	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File Foreign  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
Signature	Fictitious Search  Fictitious Owner Search  Vehicle Search  Driving Record
Requested by:  Name  Date  Time	UCC 1 or 3 File  UCC 11 Search

UCC 11 Retrieval\_

APPLICATION BY FOREIGN LIMITED LIA TRANSACT BUS	INESS IN FLORIDA
	E E
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	ES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
	SIAIR OF HOME
1. Roben Properties LLC	imited liability company)
$C/I \cap I$	
2. State & NV/Stan a (Jurisdiction under the law of which foreign limited liability	(FEI number, if applicable)
company is organized)	<del></del>
a. Man 20, 2005	5. Perpetrial
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida. (Sec	sections 608.501, 608.502, and 817.155, F.S.)
7. 50 VERDE STREET	
KENNER, LA 70065	
	of principal office)
	· · · · · · · · · · · · · · · · · · ·
8. If limited liability company is a manager-managed	company, check here
9. The name and usual business addresses of the mana	aging members or managers are as follows:
Carl W. Mixm- 50	Perde St. Kerrer, la 70065- 07 W. Saint Breward thy Box 6736 metairie, la 70043
John V. Robechauf 10	07 W. Saint Breward Hy
Gary Dellander - P.O.	Box 6736 metaine, 14 70043
	7009-
O. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photo translation of the certificate under oath of the translator must be  1. Nature of business or purposes to be conducted or	0 1011
Tradac of business of purposes to be conducted of	promoted in Florida. Veste Const.
Carln The	<b>~</b>
Signature of a member or an aut	norized representative of a member.
(In accordance with section 608.408(3), F. an affirmation under the penalties of perjute the penalties of	S., the execution of this document constitutes  By that the facts stated herein are true.)  (IXOL)
Typed or printed	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:
	Roben Properties, LLC
2.	The name and the Florida street address of the registered agent and office are:
	Capital Connection, Inc. (Name)
	417 E. Virginia Street
	Florida street address (P.O. Box NOT ACCEPTABLE)
	Tallahasse 32301
	City/State/Zip

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 608, F.S..

Weimar Lopez for Capital Connection, Inc.
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that a copy of the Articles of Organization and Initial Report of

## ROBON PROPERTIES LLC

Domiciled at KENNER, LOUISIANA,

Was filed and recorded in this Office on May 20, 2005,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 20, 2005

Jox. W! Tillen

Secretary of State

