

W22000009050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

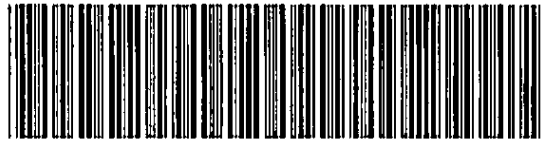
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W22-66914 00647

Office Use Only



200386432582

05/02/22--01:05--020 \*\*130.01

FILED  
2022 JUN -7 PM 7:08  
CLERK OF STATE  
TALLAHASSEE, FL

S. FRANKLIN  
JUN 10 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROBINSON PROPERTIES LARAMIE LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JAMES ROBINSON

Name of Person

ROBINSON PROPERTIES LARAMIE LLC

Firm/Company

17530 FOSGATE ROAD

Address

MONTEVERDE FL 34756

City/State and Zip Code

JROBINSON872@GMAIL.COM

E-mail address: (to be used for future annual report notification)

2022 9-7 PM 7:08  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

JAMES ROBINSON

407

516-2524

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ROBINSON PROPERTIES LARAMIE LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. WYOMING

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 14-1859738

(FEI number, if applicable)

4. 05/01/2022

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 612 S 9TH STREET

(Street Address of Principal Office)

6. 17530 FOSGATE RD

(Mailing Address)

LARAMIE WY 82070

MONTVERDE FL 34756

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JAMES ROBINSON

Office Address: 17530 FOSGATE RD

MONTVERDE

(City)

Florida

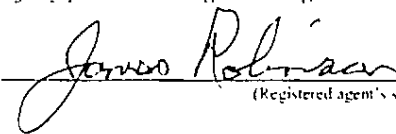
34756

(Zip code)

FILED  
2022 JUN 1 - 7 PM 7:08  
CLERK OF STATE  
TALLAHASSEE, FL

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: JAMES ROBINSON

☒ Member Address: 17530 FOSGATE RD

☒ Authorized MONTVERDE FL 34756

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: TIM ROBINSON

☒ Member Address: 612 S 9TH ST

☒ Authorized LARAMIE, WY 82070

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: ROBIN ROBINSON

☒ Member Address: 17530 FOSGATE RD

☒ Authorized MONTVERDE FL 34756

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: DAWN ROBINSON

☒ Member Address: 612 S 9TH ST

☒ Authorized LARAMIE, WY 82070

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

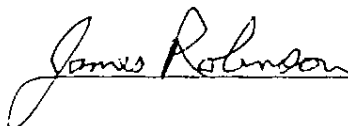
Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

JAMES ROBINSON

Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Robinson Properties, Laramie, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 26, 2002**, comply with all applicable requirements of this office. This entity has been assigned entity identification number **2002-000441770**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of June, 2022 at 12:43 PM. This certificate is assigned ID Number 052524721.



*Edward A. Buchanan*  
Secretary of State

FILED  
JUN 1 12:43 PM  
2022  
SECRETARY OF STATE  
WYOMING  
STATE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2022

JAMES ROBINSON  
17530 FOSGATE ROAD  
MONTEVERDE, FL 34756 US

SUBJECT: ROBINSON PROPERTIES LARAMIE LLC  
Ref. Number: W22000066914

We have received your document for ROBINSON PROPERTIES LARAMIE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 822A00011626

RECEIVED  
JUN 17 2022