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COVER LETTER

TC: Registration Section Division of Corporations	
SUBJECT: R.W. O'Brien Investments, LLC. Name of Limited Liability Company	-
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bill Artar, CPA. Name of Person	
Cape Coral Tax & Accounting Services, LLC. 3306 Del Prado Blvd. South Cape Coral, FL 33904	
City/State and Zip Code	
billantara capetaxes, com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bill Artar CPA at (230) 540-7500 Name of Person Area Code & Daytime Telephone Number	-
Enclosed is a check for the following amount:	
25.00 Filing Fee \$\times \text{\$130.00 Filing Fee & }\text{\$155.00 Filing Fee & }\$	tatus &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R.W. O'BRIEN INVESTMENTS, LLC. 114 SE 7TH ST CAPE CORAL, FL 33990

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

R.W. O'BRIEN INVESTMENTS, LLC. 114 SE 7TH ST CAPE CORAL, FL 33990

Principal Office Address: Mailing Address:

114 SE 7TH ST CAPE CORAL, FL 33990

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

BILL ANTAR, CPA CAPE CORAL TAX & ACCOUNTING SERVICES, LLC 3306 DEL PRADO BLVD. S. CAPE CORAL, FL 33904

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..

Registered Agent's Signature (REOURED)

(CONTINUED)
Page 1 of 2.

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

RUSSELL O'BRIEN (Managing Member) 114 SE 7TH ST CAPE CORAL, FL 33990

ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Typed or printed name of signer

x 2-12-14