.12000/19944

(Requestor's Name)		
(Āc	ddress)	
·		
(Address)		
(Ci	ty/State/Zip/Phon	e #)
_	_	
PICK-UP	☐ WAIT	MAIL
		•
(Bu	usiness Entity Nar	me)
	·	
(Do	ocument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer]
Opecial matructions to	Thing Officer.	
	Δ	LUNT
	. <i>[</i>]	· LUIVI
	S	EP 19 2012
	EV	Anaras
		AMINEF

Office Use Only

000239130490

09/17/12--01020--017 **130.00

COVER LETTER

	tion Section of Corporations			.,11	٠ ـ ـ		
. SUBJECT:	3RK		erties Liability Compan				
	114	me of Emmed 1	nability Compan	,			
The enclosed Arti	cles of Organization an	d fee(s) are sub	mitted for filing.				
Please return all c	orrespondence concern	ing this matter t	o the following:				
	Paquel V	Niche	11e Ra	ryber	1		
	·	Na	me of Person				
	3 RK	Prof	per tres	S			
						_	
	840 E	Ageme!	re Lai	ne		西 3	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Address		··· -·· -··	2 × × ×	
	Saraso rockym	,ta /	ZA .	3429	72	ASSE T	
.; ,,	1-00 K	City/St	ate and Zip Code	1- M		PH 4	
	E-mail address	(to be used for fi	iture annual report	notification)		TS TO	
For further inform	nation concerning this m		·	,			
roi iuitaei iiioin	ation concerning this if	iatter, piease ca	.1.				
Raquel	Ray bon Name of Person	at	(941)	266-	8685	_ 	
(Name of Person		Area Code &	Daytime Te	lephone Number		
Enclosed is a ch	eck for the following	amount:					
	e \$130.00 Filin		kies oo pilina	Eas &	العددة من وزاز	na Faa	
o 123.00 runig re	Certificate o	_	\$155.00 Filing Certified Copy		\$160.00 Filin Certificate o	f Status &	
			(additional copy i	s enclosed)	Certified Co (additional cop		
					,	,	

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3 RK Propert	hes, LLC		
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC	.")	
ARTICLE II - Address:			
The mailing address and street address of the p	principal office of the Lim	ited Liability Company	is:
Principal Office Address:	Mailing Address:	22 .	
840 Edgemere Ln Sarasota FL 34242		2012 SE	***
Sarasota FL 34242			
		Max P	T
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg	ed Office, & Registered A	gent's Signature:	(
business entity with an active Florida registration.)			
The name and the Florida street address of the	registered agent are:	· .	
Raquel	Michelle mere Lane	Raybon	
Nam	e		
840 Edge1	nere bane		
Florida street a	ddress (P.O. Box NOT acceptal	ole)	
Sarasota	FL 34242	_	
City, S	State, and 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..

Registered Agent's Signature (REQUIRED

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGRM" = Managing Member MGR .	Raquel Michelle Raybon 840 Edgemere Lane 5arasota Fr 34242
	LAH WSEC PL
	((2) (2) ((3) (2) ((3) (3) ((3) (3) ((3) (
(Use attachment if necessary)	
	te of filing: $\frac{9 - 14 - 2312}{2}$. (OPTIONAL) pecific and cannot be more than five business days prior

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), 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.)

Raquel M Raybon

Typed or printed name of signee

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)