0200002

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H020002124673)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

S

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

(305) 634-3694

Fax Number

(305) 633-9696

LIMITED LIABILITY COMPANY

rahtid llc

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

W2-2-1223

10/15/02 12:22 PM

71 4 34 44 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: RAHTID LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 19257 NW 13 St., Pembroke Pines, FL 33029.

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

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

19257 NW 13St.

Florida street address

Pembroke Pines, FL 33029

State, and Zip, City

Having been named as registered agent and to accept service of process for the above staged in this certificate. I hereby accept the composition as registered agent and agree to act in this capacity. I further agree to imply 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

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or 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.)

Typed or printed name of signee

Filing Feer:

\$ 100,00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

HO2000212467