

LO3000049307

03 DEC -3 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



900025057349

12/03/03--01037--028 **155.00

(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:

Office Use Only

AL

RECEIVED
TALLAHASSEE, FLORIDA

03 DEC -3 PM 1:06

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

03 DEC -3 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ~~Basil~~ Rainprint 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:

James M. Doherty
(Name of Person)

Rainprint LLC
(Firm/Company)

105 Bass St.
(Address)

Tallahassee, FL. 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

James Doherty at (850) 212-9587
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is: Rainprint LLC

03 DEC -3 PM 1:

SECRETARY OF STA
TALLAHASSEE, FLOR

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

105 Bass St.
Tallahassee, FL.
32301

105 Bass St.
Tallahassee, FL.
32301

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


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

James M. Doherty
Name

105 Bass St.
Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301
City, 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

(CONTINUED)

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

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

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

03 DEC -3 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

James Doherty
105 Bass St.
Tallahassee, FL. 32301

MGRM

Shannon Skinner Doherty
105 Bass St.
Tallahassee, FL. 32301

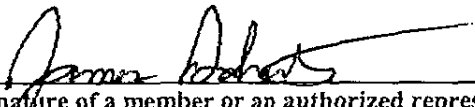
MGRM

Joshua C. Gingerich
1332 Woodgate Way
Tallahassee, FL. 32308

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

James Doherty

Typed or printed name of signee

Filing Fees:

\$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)