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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

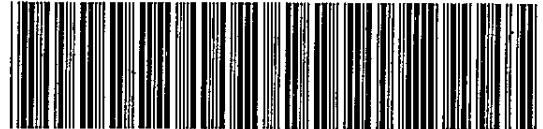
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Raeco Services 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:

Raymond Francis Graebert
(Name of Person)

Raeco Services
(Firm/Company)

515 Sellers Dr.
(Address)

Lake Alfred, FL. 33850
(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond Graebert
(Name of Person)

at (863) 956-9291
(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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Raeco Services LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

515 Sellars Dr.

Lake Alfred, FL 33850

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

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

Raymond F. Graebert
Name

515 Sellars Dr.

Florida street address (P.O. Box NOT acceptable)

Lake Alfred FLORIDA 33850

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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, Florida Statutes..

Raymond F. Graebert
Registered Agent's Signature

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Raymond F. Graebert

515 Sellers Dr.

Lake A. Fred Fl. 33850

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Raymond F. Graebert

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.)

Raymond F. Graebert

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)

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TALLAHASSEE, FLORIDA

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**RE-ISSUANCE OF NOTICE OF
ELECTION TO BE EXEMPT
(CONSTRUCTION INDUSTRY ONLY)**

Please use this application to apply for a re-issuance of an active construction industry exemption under the new law effective 01-01-2004. THERE IS NO FEE OR CHARGE FOR RE-ISSUANCE OF AN EXEMPTION.

STATE USE ONLY

Effective/Issue Date:

Expiration Date:

Control Number:

Postmark Date:

Received Date:

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida, should you become injured on the job. Certain documentation is required by law to be attached to this application. Please refer to the instruction sheet for more details.

SECTION 1: APPLICANT INFORMATION

Name of Applicant: <u>RAYMOND FRANCIS GRAEBERT</u>		Social Security #: <u>370-70-9940</u>	Current Exemption Expiration Date:	
Mailing Address: <u>515 Sellers Dr.</u>		City: <u>LAKE ALFRED</u>	State: <u>FL</u>	Zip: <u>33850</u>
County: <u>Polk</u>	Phone #: <u>(888) 956-9291</u>	Scope of Business or Trade: Please List your primary business or trade. This Exemption is applicable only to the trade or business listed: <u>Repair & Install Appliances</u>		

SECTION 2: CORPORATE INFORMATION

Name of Corporation: LLC Rqeco Services LLC

Corporation Registration Number: LLC FEIN: 41-2136803

SECTION 3: LICENSES

Certified or Registered Licenses held by the applicant pursuant to Chapter 489, F.S.

SECTION 4: AFFILIATED CORPORATIONS (attached an additional sheet if needed)

1. Corporate Name:	FEIN:	DOC Number
2. Corporate Name:	FEIN:	DOC Number
3. Corporate Name:	FEIN:	DOC Number
4. Corporate Name:	FEIN:	DOC Number
5. Corporate Name:	FEIN:	DOC Number

SECTION 5: DOCUMENTATION REQUIRED TO BE ATTACHED TO THIS APPLICATION

1. A stock certificate evidencing at least 10 percent ownership of the corporation
2. A copy of the relevant occupational license issued in the primary jurisdiction of the business

AFFIDAVIT OF APPLICANT: Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree. I hereby certify that the information contained herein is true and correct.

Raymond F. Graebert
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

Raymond F. Graebert
APPLICANT'S SIGNATURE

5-12-2004
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF Polk

Sworn to and subscribed before me this 12th day of May, 2004, by Raymond Graebert

Personally Known ☐ OR Produced Identification ☒ Type of Identification Produced 6010-71089-417-0

NOTARY SIGNATURE Aimee Rogers My Commission Expires 4-28-2007

Workers' Compensation Information Online - <http://www.fldfs.com/WC/>