

L04000050430

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FILED  
JUL 2 2004  
TALLAHASSEE, FLORIDA

L04-50430  
OR

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RAESBERRY GROUP, 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:

ALICIA THORNBERRY  
(Name of Person)

RAESBERRY GROUP, LLC  
(Firm/Company)

9305 Wellington Park Circle  
(Address)

Tampa, Florida 33647  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alicia Thornberry at 917, 566-5900  
(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

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

06 JUN -2 PM 4:02

FILED

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RAESBERRY GROUP, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

9305 Wellington Park Circle  
TAMPA, FL 33647

**Mailing Address:**

9305 Wellington Park Circle  
Tampa, FL 33647

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

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

ALICIA THORNBERRY

Name

9305 WELLINGTON PARK CIR.

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

TAMPA, FLORIDA 33647

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, Florida Statutes..*

Alicia Thornberry  
Registered Agent's Signature

FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO  
FLORIDA

PM 4:02

**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

Alicia Thornberry  
9305 Wellington Park Circle  
Tampa, FL 33647

MGRM

Sandro DeMoraes  
167 Hoyt Street, Floor 1  
Kearny, NJ 07032

X

X

X

X

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Alicia Thornberry  
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.)

Alicia Thornberry  
Typed or printed name of signer

**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)

04 JUN 2014 PM 4:02  
FILED  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA