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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

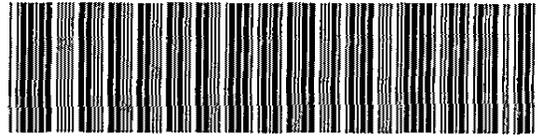
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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Liability	
Document Examiner	DCC
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W. P. Verifier	DCC

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rainbow Investments, 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:

Bonnie Hendricks  
(Name of Person)

Swart Baumruk & Co. LLC  
(Firm/Company)

717 East Oak Street  
(Address)

Kissimmee, FL 34744  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Hendricks or Valerie Lee at ( 407 ) 847-7466  
(Name of Person) (Area Code & Daytime Telephone Number)

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**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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Rainbow Investments, 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:**

1221 North Main Street

Kissimmee, FL 34744

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

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

Sergio Ortiz

Name

1221 N. Main Street

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

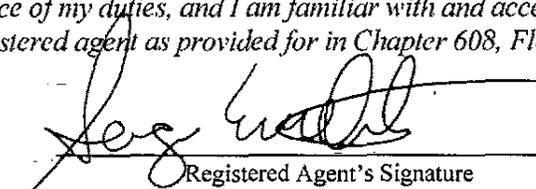
Kissimmee FLORIDA 34744

City, State, and Zip

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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..*



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:

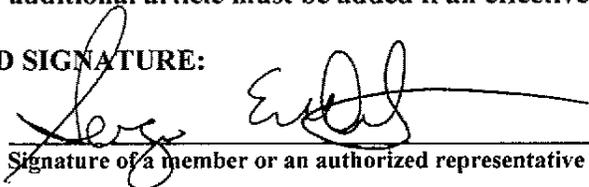
<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGRM</u>	<u>Sergio Ortiz</u> <u>1221 North Main Street</u> <u>Kissimmee, Florida 34744</u>
<u>MGRM</u>	<u>Lucia Ortiz</u> <u>1221 North Main Street</u> <u>Kissimmee, FL 34744</u>
<u>MGRM</u>	<u>Paul Reardon</u> <u>1221 North Main Street</u> <u>Kissimmee, FL 34744</u>
<u>MGRM</u>	<u>Yoannay Garcia</u> <u>1221 North Main Street</u> <u>Kissimmee, FL 34744</u>

**ARTICLE V - EFFECTIVE DATE**

The effective date for Rainbow Investments, LLC will be September 27, 2004.

**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.)

Sergio Ortiz  
\_\_\_\_\_  
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)

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