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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | : #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|--|--|
| SUBJECT: | Rathfelder Ente | erprises LLC | |
| | (Name of Limited | d Liability Company) | |
| | of Organization and fee(s) are so | | |
| ricase remin an contes | pondence concerning this matte | a to the tonowing. | |
| | Rebeco | a Rathfelder | |
| | (î | Name of Person) | |
| | | | |
| | | | |
| | 0 | Firm/Company) | |
| | | | |
| , | 3412 | Belmont Blvd | |
| | | (Address) | 56 \$ |
| | | | R 2 |
| | Sarasota | , FL 34232 | - SE - |
| | (City/ | State and Zip Code) | 型 圣 |
| For further information | concerning this matter, please | call: | 2005 HAR 21 AM 10: 40 SECKETARY DE LONG |
| Rebecc | a Rathfelder | at (941) 341-0044 | |
| (Nam | e of Person) | (Area Code & Daytime T | elephone Number) |
| Enclosed is a check i | for the following amount: | | |
| \$125.00 Filing Fee | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| STR | EET ADDRESS: | MAILING A | ADDRESS: |
| Regi | stration Section | Registration S | Section |
| | sion of Corporations E. Gaines Street | Division of C P.O. Box 632 | |
| | hassee, Florida 32399 | Tallahassee, I | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | y Company is: | |
|---|---|--|
| Rathfelder Enter | prises LLC | |
| ARTICLE II - Address: The mailing address and street ad | ddress of the principal office of the Limited L | iability Company is: |
| Principal Office Address: | Mailing Address: | |
| 3412 Belmont Blvd | 3412 Belmont Blvd | |
| Sarasota , FL | Sarasota , FL | |
| 34232 | 34232 | · · · · · · · · · · · · · · · · · · · |
| | Name Pelmont Blvd Florida street address (P.O. Box NOT acceptable) | MAR 24 ALLAHASSEE |
| Saras | sota ,FL, 34232 FI | A 10. |
| | City, State, and Zip | - <u>85</u> 5 |
| liability company at the place registered agent and agree to accept the obligations of my p | ed agent and to accept service of process for the designated in this certificate, I hereby accept to the tin this capacity. I further agree to comply with and complete performance of my duties, and I apposition as registered agent as provided for in a Registered Agent's Signature. | the appointment as th the provisions of all um familiar with and |

(CONTINUED)

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 Memb | er |
| Wildiam Wanaging Wiene | |
| MGR | Rebecca Rathfelder |
| | 3412 Belmont Blvd |
| | Sarasota , FL 34232 |
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| | |
| (Use attachment if necessary) | |
| NOTE: An additional article | le must be added if an effective date is requested. |
| REQUIRED SIGNATURE: | le must be added it an effective date is requesten. SECRET |
| | Rebecca Rathlelder |
| Signature of | member or an authorized replesentative of a member. |
| of this docum | e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.) |
| | Rebecca Rathfelder |
| | Typed or printed name of signee |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)