L0500006499/

| (Re | equestor's Name) | | |
|---|-------------------|-------------|--|
| (Address) | | | |
| (Ad | ldress) | | |
| (Cit | ty/State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | ☐ MAIL | |
| (Business Entity Name) | | | |
| (Do | cument Number) | | |
| Certified Copies | _ Certificate | s of Status | |
| Special Instructions to Filing Officer. | | | |
| • | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Jer- | Office Use On | ily | |



300051066923

06/27/05-01017-030 **130.00



TRANSMITTAL LETTER

| SUBJECT: | RAC INVESTME | | property and the second of the |
|---------------------------------|---|--|--|
| • | (Name of Limite | d Liability Company) | |
| The enclosed Articles of | Organization and fee(s) are s | ubmitted for filing. | |
| Please return all correspondent | ondence concerning this matte | r to the following: | |
| | | Andrews | · |
| - · · · | (1 | Name of Person) | |
| | Southern Title | Agency, Inc. | |
| | (| Firm/Company) | |
| 2295 | South Hiawassee Road, Su | uite 406 | |
| | | (Address) | TAL |
| | Orlando, FL 32835 | | ECRET |
| - | | (State and Zip Code) | TARY |
| For further information | concerning this matter, please | call: | . EFS |
| Ken Andre | ws | at (_407 719-3218 | STATE |
| (Name | of Person) | (Area Code & Daytime Te | elephone Number) |
| Enclosed is a check fo | or 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 |
| | | | |

Registration Section Division of Corporations 409 E. Gaines Strect Tallahassee, Florida 32399 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 Liabil | ity Company is: | |
|--|--|--|
| RAC INVESTMENTS, LLC | | |
| ARTICLE II - Address: The mailing address and street a | address of the principal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 5920 Blakeford Drive | 5920 Blakeford Drive | |
| Windermere, FL 34786 | Windermere, FL 34786 | |
| | | |
| ARTICLE III - Registered Ag | gent, Registered Office, & Registered Agent's Signature: | |
| The name and the Florida street | Ken Andrews Name Andrews Andre | |
| | Ken Andrews | |
| | Name ASS | |
| | 5920 Blakeford Drive | |
| | Florida street address (P.O. Box NOT acceptable) | |
| | Windermere, FL 34786 ST 22 | |
| | City, State, and Zip | |
| liability company at the place registered agent and agree to a statutes relating to the proper | red agent and to accept service of process for the above stated limited ce designated in this certificate, I hereby accept the appointment as act in this capacity. I further agree to comply with the provisions of all rand complete performance of my duffes, and I am familiar with and w position as registered agent as provided for in Chapter 608, F.S | |

(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 Member | |
| Widnessing Montoo | |
| MGRM | Ken Andrews |
| | 5920 Blakeford Drive |
| | Windermere, FL 34786 |
| | |
| | |
| | - |
| | |
| | |
| | |
| | AS G |
| | Eg J |
| (Her attachment if nanogom) | TO NOT THE REAL PROPERTY OF THE PERSON OF TH |
| (Use attachment if necessary) | |
| NOTE: An additional article must be | added if an effective date is requested. |
| REQUIRED SIGNATURE: | 2: 28 STATE STATE STATE |
| REQUIRED SIGNATURE. | om a |
| /1 | |
| | 100 |
| Signature of a member of | r an authorized representative of a member. |
| | n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.) |
| Ken Andr | ews |
| 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)