

Sep 12 05 09:11a

Parcorp Services, Ltd.

800-398-0461

P.

L05000089890

SEP 12 A 9:54

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000216546 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

05 SEP 12 PM 2:50

DIVISION OF CORPORATION

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : PARCORP SERVICES, LTD.

Account Number : I19990000011

Phone : (800) 603-2533 800-603-2533

Fax Number : (800) 398-0461 800-398-0461 fax

LIMITED LIABILITY COMPANY

RAG REAL ESTATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

AL

Electronic Filing Menu

Corporate Filing

Public Access Help

((H05000216546 3)))

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

RAG REAL ESTATE LLC

## ARTICLE II - Address:

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

### Principal Office Address:

700 LEELAND HEIGHTS BLVD WEST  
LEHIGH ACRES, FL 33936

### Mailing Address:

700 LEELAND HEIGHTS BLVD WEST  
LEHIGH ACRES, FL 33936

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

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

RAYMOND S. FESTINO

Name

700 LEELAND HEIGHTS BLVD WEST

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

LEHIGH ACRES, FL 33936

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, F.S..*



Registered Agent's Signature

(CONTINUED)

((H05000216546 3)))

((H05000216546 3)))

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

The name and address of each Manager or Managing Member is as follows: 12 4 3 54

**Title:**

"MGR" - Manager

"MGRM" - Managing Member

**Name and Address:**

MGRM

RAYMOND S. FESTINO

700 LEE LAND HEIGHTS BLVD. WEST  
LEHIGH ACRES, FL 33936

(Use attachment if necessary)

**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.)

**DAVID L. SURINA, ORGANIZER**

Typed or printed name of signer

**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)

((H05000216546 3)))