

L06000025741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

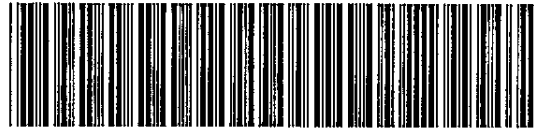
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2006 MAR -7 AM 11:02
TALLAHASSEE, FLORIDA

J. B. BROWN MAR 10 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SORANRAC, 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:

Christopher Broome, Esq.
(Name of Person)

The Broome Law Firm, P.A.
(Firm/Company)

915 South Washington Avenue
(Address)

Titusville, FL 32780
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Broome at (321) 269-5620
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION
OF
SORANRAC, LLC

ARTICLE I - NAME

The name of the limited liability company is SORANRAC, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

4015 Arlington Avenue
Mims, Florida 32754

Mailing Address:

4015 Arlington Avenue
Mims, Florida 32754

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

SUVANNEE TUILA
4015 Arlington Avenue
Mims, Florida 32754

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..


SUVANNEE TUILA

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Suvannee Tuila
4015 Arlington Avenue
Mims, Florida 32754

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MGMR

Peter Yore
4015 Arlington Avenue
Mims, Florida 32754

REQUIRED SIGNATURE:

Suwannee Tuila

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.)

Suwannee Tuila

Typed or printed name of signee

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