

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

**L06000064734**

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.**

(((H06000166848 3)))

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

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Rack Menders LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

RECEIVED  
06 JUN 26 AM 7:29  
DIVISION OF CORPORATION

CLERK OF STATE  
TALLAHASSEE, FLORIDA

06 JUN 26 AM 11:18

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

Sam

H06000166848 3

## ARTICLES OF ORGANIZATION

In compliance with Chapter 608, F.S.

### ARTICLE I: NAME

The name of the Limited Liability Company is:

RACK MENDERS LLC

### ARTICLE II: Address

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

PO BOX 550723

JACKSONVILLE, FL 32255

### ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JUDITH NICEWONGER

5361 GREY HERON LN

JACKSONVILLE, FL 32257

Having been named as registered agent 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.

*x Judith Nicewonger*

JUDITH NICEWONGER / REGISTERED AGENT'S SIGNATURE

CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUN 26 AM 11:18

FILED

H06000166848 3

H06000166848 3

PAGE 2

RACK MENDERS LLC

**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V: MEMBERS (optional)**

**MANAGING MEMBER:**

JUDITH NICEWONGER  
5361 GREY HERON LN  
JACKSONVILLE, FL 32257

**MANAGING MEMBER:**

RALPH NICEWONGER  
5361 GREY HERON LN  
JACKSONVILLE, FL 32257

---

*X Judith Nicewonger*

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.)

JUDITH NICEWONGER

Typed or printed name of signee

H06000166848 3