

LOG 0000 845 78

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

#125-CF  
#35-CE



000077315080

08/25/06--01003--006 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 AUG 25 AM 11:39

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rae + Jo Investments, 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:

Ashly J. Simpson

(Name of Person)

Rae + Jo Investments, LLC.

(Firm/Company)

801 South Olive Avenue #1123

(Address)

West Palm Beach FL, 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Christi R. Schavler

(Name of Person)

at (561) 596-0765

(Area Code & Daytime Telephone Number)

06 AUG 25 AM 11:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check 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)

**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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Rae + JO Investments, LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

801 South Olive Avenue  
#1123  
West Palm Beach, FL 33401

#### Mailing Address:

801 South Olive Avenue  
#1123  
West Palm Beach, FL 33401

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Christi Rae Schaufler

Name

4021 San Marino Blvd. #305

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

West Palm Beach FL 33409

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.*

Christi R Schaufler

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 AUG 25 AM 11:39

FILED

(CONTINUED)

Page 1 of 2

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

" MGR "

" MGR "

**Name and Address:**

Christi Rae Schaufler  
4021 San Marino Blvd. #305  
West Palm Beach, FL 33409

Ashly Jo Simpson  
801 South Olive Avenue #1123  
West Palm Beach FL 33401

(Use attachment if necessary)

FILED  
06 AUG 25 AM 11:39  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

**ARTICLE V:** Effective date, if other than the date of filing: August 25, 2006. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Christi R. Schaufler  
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.)

Christi R. Schaufler  
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)**