

LOT000004499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

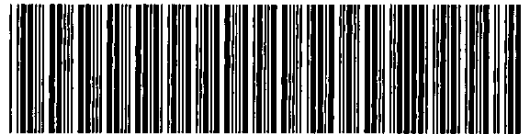
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



John T. Driscoll, P.A.

Certified Public Accountant

3442 SE Lake Weir Road, Suite B
Ocala, FL 34471
Member FICPA

Telephone (352) 622-5664
Fax (352) 671-5373
E-mail: aflcpa@atlantic.net

January 10, 2007

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization of
RAH, LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

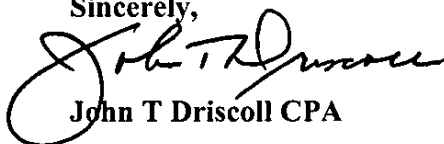
Article of Organization filing fee	<u>\$ 125.00</u>
Total	\$ 125.00

Please forward a stamped copy of the Article of Organization to the below address:

John T. Driscoll C.P.A., P.A.
3442 SE Lake Weir Road, Suite B
Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you should have any questions please call me at (352) 622-5664.

Sincerely,



John T Driscoll CPA

Enclosures

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
RAH, LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

ARTICLE I. - NAME

The name of this limited liability company is: **RAH, LLC**

ARTICLE II. - MAILING ADDRESS

The mailing address and the principal office address are the same.

**1805 SE 31st Lane
Ocala, Florida 34471**

ARTICLE III. - REGISTERED AGENT

**John T Driscoll
1805 SE 31st Lane
Ocala, Florida 34471**

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..

Signature


John T. Driscoll
Registered Agent

Date

1/9/07

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TALLAHASSEE FLORIDA

ARTICLE IV. – MANAGING MEMBERS

**John T Driscoll MGRM
1805 SE 31st Lane
Ocala, Florida 34471**

**Barbara A Driscoll MGRM
1805 SE 31st Lane
Ocala, Florida 34471**

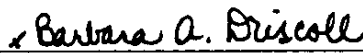
Signature


**John T. Driscoll
MGRM**

Date

1/9/07

Signature


**Barbara A. Driscoll
MGRM**

Date

x 1-9-07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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