

LD7000050886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

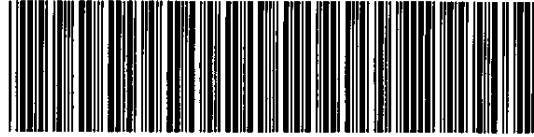
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

DB

Office Use Only



800102064258

05/11/07--01045--018 \*\*125.00

FILED  
07 MAY 11 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ANDREW S. FORMAN, P.A.**

15947 North Florida Avenue  
Lutz, Florida 33549  
(813) 969-3000  
Fax: (813) 968-8000  
[asfjd@aol.com](mailto:asfjd@aol.com)

March 7, 2007

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

**FILED**  
07 MAY 11 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RE: Rattlefish Holdings, LLC**

Dear Sir/Madam:

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Andrew S. Forman, Esquire  
15947 North Florida Avenue  
Lutz, Florida 33549

For further information concerning this matter, please call: Andrew S. Forman, Esquire at (813) 969-3000.

Enclosed is a check for the following amount: \$125.00 Filing Fee.

Sincerely,

Andrew S. Forman

Enclosures  
ASF/raw

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Rattlefish Holdings, 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:

3304 W. Tambay Ave  
Tampa, FL 33611

### Mailing Address:

3304 W. Tambay Ave  
Tampa, FL 33611

## 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:

Clifford Combs  
Name

3304 W. Tambay Ave  
Florida street address (P.O. Box NOT acceptable)

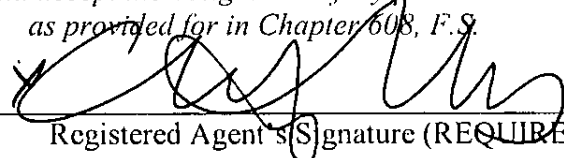
Tampa, FL 33611  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAY 11 PM 12:15

FILED

*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 (REQUIRED)

**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

**Name and Address:**

MGR

Clifford Combs  
3304 W. Tambay Ave  
Tampa FL 33611

07 MAY 11 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

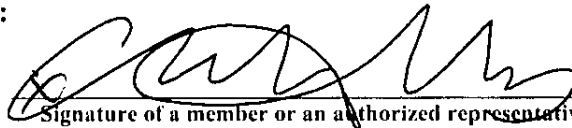
FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**



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.)

Clifford Combs

Typed or printed name of signee

**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)