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(Ře	equestor's Name)			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

ŤΟ:

Registration Section

Division of Cor	porations					
SUBJECT: Raine		nagement Services	, LLC	<u>-</u>		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.				
Please return all correspo	ondence concerning this matte	er to the following:				
He	ather Rodriguez c	or Toby Prudhomm	e			
	<del>_</del>	Name of Person)				
Rair	ne Consulting and	l Management Ser	vices, LL	С		
	(	Firm/Company)				
730	8 S Shamrock S	t.		_		
		(Address)		SEC	b7、	em (
Tam	pa, FL 33616			AHA	JUL 2	enez
,	(City	/State and Zip Code)		388	ယ	12
For further information c	concerning this matter, please	call:		OF STA	AM 10: 52	
Heather Rodrig	uez .	at (813 ) 484-842	22	AGE A	เง๋	
	of Person)	(Area Code & Daytime To		r)		
Enclosed is a check fo	r the following amount:		,			
<b>✓</b> \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Certificate of Certified Conditional control	of Status opy	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Raine Consulting and Management S	
(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:	Mailing Address:
7308 S Shamrock St	7308 S Shamrock St
Tampa, FL 33616	Tampa, FL 33616
	istered Office, & Registered Agent's Signature:  In Registered Agent. You must designate an individual openother  Of the registered agent are:
Heather Rodriguez	S Comments
Heather Rodriguez	
Heather Rodriguez 7308 S Shamrock	
7308 S Shamrock	
7308 S Shamrock	Name F STA O. St
7308 S Shamrock Florida str Tampa, FL 33616	Name  St reet address (P.O. Box NOT acceptable)  Name  Proprint  P

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (RECURED

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Heather Rodriguez 7308 S Shamrock St Tampa, FL 33616 MGRM **Toby Prudhomme** 7308 S Shamrock St Tampa, FL 33616 (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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:**

mediber 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

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)