

L670000845 77

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

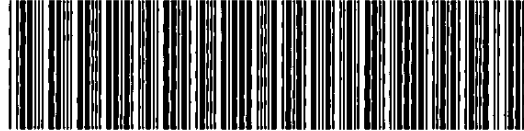
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

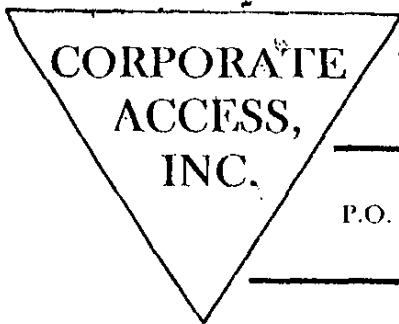


000108439510

08/31/07--01015--012 \*\*160.00

**FILED**  
07 AUG 31 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 AUG 31 AM 11:55  
NOT ATTACHED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

8/31

FILED  
07 AUG 31 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CERTIFIED COPY



PHOTOCOPY



CUS

GS



FILING

LLC

1.

Raebick Holdings LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RAEBICK Holdings LLC

FILED  
07 AUG 31 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2510 SW. 3RD AVE  
FT. LAUDERDALE  
FLORIDA 33315

Same

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Danny Bennett  
Name

236 E 6th Ave  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32303  
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..*

  
Registered Agent's Signature

(CONTINUED)

**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

MGRM

MGRM

**Name and Address:**

EVAN ROCHON

4021 PINE ISLAND ROAD

SUNRISE FLORIDA 33351

MARK EMBICK

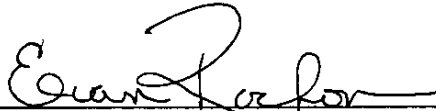
19986 WILKINSON LEAS ROAD

JUPITER FLORIDA 33469

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

EVAN ROCHON

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)**