

Division of Corporations

LD7000092531

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000225374 3)))



H070002253743ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LS

FLORIDA/FOREIGN LIMITED LIABILITY CO.**RAN & GO, L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

07 SEP 10 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 SEP 10 AM 10:53

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H07000225374

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **RAN & GO, L.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:

10886 Longshore Way W.

10886 Longshore Way W.

Naples, FL 34119

Naples, FL 34119

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

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

Agron Slova

Name

10886 Longshore Way W.

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Naples, FL 34119

(City / State / 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 - Agron Slova

FILED
2007 SEP 10 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H07000225374

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

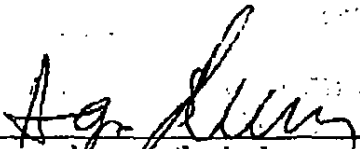
Agron Slova - 10886 Longshore Way W., Naples, FL 34119

MGR

Burhan Ruli - 10242 Venderbelt Road, Naples, FL 34108

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Agron Slova

Typed or printed name of signer

FILED
2007 SEP 10 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA