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SECRETARY OF STATE FALLAHASSEE, FLORID

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RAFALDOS, L.L.C.
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RALPH ALEXANDER M.D., LLC MGR (Name of Person)
(Name of Person)
(Firm/Company)
10859 EMERALD COAST PICWY # 4-16Z (Address)  Address)  ABS B
(Address)  ASS 2000 A
DESTIN FLORIDA 32550 AR STORES
Q72W
For further information concerning this matter, please call:    RAHAIEXANDER at 404 316-72 55
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

RAFALDOS,	L. L. C.
(Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1011 SCENIC GULF DA MIRAMAR BEACH FLORIDA 32550	DESTIN, FLORIDA 32550
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration of the registration.	Office, & Registered Agent's Signature:  ered Agent. You must designate an individual of another  AHE JARRY  DESIGNATION OF STATE  COLF DR. ORDER  Ress (P.O. Box NOT acceptable)
Having been named as registered agent and to a	accept service of process for the above stated limited

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

How and who have the control of the control

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

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Manager		Name and Address:		
MGR	-	RALPH ALE: 10859 EMERA DESTIN, FLOR	KANDER LOBAST F LOBA 325	M-0. DEWY # 4-1
	-		7.00 S.E.	
	_		JAM I D D CRETERY OF ST	
(Use attachment if	necessary)			
ffective date is liste	ite, if other than the da	nte of filing: epecific and cannot be more		TONAL) ss days prior
CLE V: Effective da ffective date is liste days after the date  REQUIRED SIG	te, if other than the dad, the date must be see of filing.)	specific and cannot be more	than five busine	ss days prior
CLE V: Effective da ffective date is liste days after the date  REQUIRED SIG	te, if other than the dad, the date must be see of filing.)	specific and cannot be more	than five busine	es days prior
CLE V: Effective da ffective date is liste days after the date means after the date after the da	tte, if other than the dad, the date must be see of filing.)  NATURE:	<u> </u>	than five busine	ss days prior

\$125.00 Filing Fee for Articles of Organization and Designation

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