| (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: |
| A. LUNT |
| JAN 2 4 2008 |
| EXAMINER |

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

| _{SUBJECT:} Rainbow Cons | struction Se | ervices | s LLC | | | | |
|--|------------------------|--|-----------------|------------|-------------------|---------|----------|
| | me of Limited Liabil | ity Compa | ny) | | | | |
| The enclosed Articles of Organization and | d fee(s) are submitted | d for filing | • | | | | |
| Please return all correspondence concerni | ing this matter to the | following: | | | | | |
| Enoc Pallango | | | | | | | |
| | (Name of | Person) | | | | | |
| | (Firm/Co | | | | | | <u>.</u> |
| 050 014 000 4 | | mpany) | | | | | |
| 350 SW 203 Aven | | | | | | | |
| | (Addr | ress) | | _ | - | | |
| Pembroke Pines, F | FL. 33029 | | | ָ ר | SEC | 2008 | |
| | (City/State an | d Zip Code) |) | 7 | ĒM | JAN | 1 |
| For further information concerning this m | natter, please call: | | | , כי כי רי | ARY OF | 123 P | |
| Enoc Pallango | at (_ 9 |)54 _{\(\)} | 868-785 | 50 5 | 7TS | بب | |
| (Name of Person) | | (Area Code | 868-785 | phone N | Hoper) | 24 | |
| Enclosed is a check for the following | amount: | | | | | | |
| \$125.00 Filing Fee \$\sum \$130.00 Filing Certificate o | f Status Cer | 5.00 Filing tified Cop itional copy | | Certif | icate o ied Co | f Statu | is & |
| Mailing Addre Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl | ction orporations | Registration Division of Clifton Budget 2661 Execution Execution Clifton Budget Property of the Clifton Budget Property of t | of Corporations | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rainbow Construction Services LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

| Principal Office Address: | <u>Mailing Address:</u> | | | |
|--|--|---------------|------------------|--|
| Rainbow Construction Services 6576 Sweetmaple Lane | Rainbow Construction Service 6576 Sweetmaple Lane | es | | |
| Boca Raton, FL. 33433 | Boca Raton, FL. 33433 | d. | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the respective to the property of t | registered agent are: Public direction of the state of t | DARY OF STATE | l a nothe | |
| | r | | | |

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..

noc allanyo
Registered Agent's Signature (REQUIRED)

(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:

| MGRM | Maurice Kotchek | | | |
|--|--|-------------|--|--|
| | 6576 Sweetmaple Lane | | | |
| | Boca Raton, FL. 33433 | | | |
| MGRM | Michael Ray Mallory | | | |
| | 16699 Collins Ave. #1907 | | | |
| | Sunny Isles Beach, FL. 33160 | | | |
| MGRM | Enoc Pallango | | | |
| | 350 SW 203 Avenue . ≥ ≤ ≥ | | | |
| | Pembroke Pines, FL. 33029 | | | |
| | JAN RET/ AHA | | | |
| | | | | |
| | <u> </u> | | | |
| | | | | |
| (II) | STAT LORII | | | |
| (Use attachment if necessary) | ATE ANDA | | | |
| | | TION | | |
| LE V: Effective date, if other than th | be specific and cannot be more than five busin | MOIT | | |

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.)

Enoc Pallango

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)