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(Requestor's Name)		
(Address)		
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(,		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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EXAMINER

08 MAR 20 AM 9: 32 SECRETARY OF STATE TALLAHASSEE, FLORID



UCC FILING & SEARCH SERVICES, INC.

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Tall	4 Village Square Blvd Ste 100 lahassee, Florida 32309 0) 681-6528	FC U(OFF
SERVICES	CORPORATION NAME (S) AND I	Ma S DOCUME
Rafe	co Investments, LLC	
Filing Evidence ⊠ Plain/Confirmation C	opy — Certificate	

Retrieval Request

- □ Photocopy
- □ Certified Copy

□ Certified Copy

	NEW FILINGS
	Profit
	Non Profit
х	Limited Liability
	Domestication
	Other

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

- □ Certificate of Good Standing
- □ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- □ Fictitious Name Certificate
- □ Other

	AMENDMENTS
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
:	Dissolution/Withdrawal
	Merger

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
Reinstatement
Trademark
Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Rafco Investments, LLC.	y is:			
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LUC.")			
ARTICLE II - Address:				
The mailing address and street address of the	he principal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
5560 Lago Villaggio Way	same			
Naples, FL 34104				
The name and the Florida street address of Thomas F. Hudgi	· ·			
2800 Davis Blvd.	suite 203			
Florida stre	et address (P.O. Box NOT acceptable)			
Naples	_{FL} 34104			
City, S	state, and Zip			
liability company at the place designated registered agent and agree to act in this cap	ad to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and the provisions of the performance of my duties, and I am familiar with and the performance of my duties.			
7011.0	registered agent as provided for in Chapter 600, 1.5			

(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 **MGRM** Christopher A. Raphael 5560 Lago Villaggio Way Naples, FL 34104 Janel C. Raphael **MGRM** 5560 Lago Villaggio Way Naples, FL 34104 (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:

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.)

CMAS RAPIAEL

Typed or printed name of signee

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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