

L080000029953

**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.

((H08000073996 3)))



H080000739963ABC9

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) 617-6383

L. SELLERS

MAR 25 2008

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : FCA0000000027
Phone : (305) 444-4994
Fax Number : (305) 444-4977

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RABINCG, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
08 MAR 24 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2008 MAR 24 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

(((H08000073996)))

ARTICLES OF ORGANIZATION

OF

RABINCG, LLC

ARTICLE I

The name of the limited liability company is RABINCG, LLC.

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

27201 SW 167 Avenue
Miami, FL 33031

ARTICLE III

The name and the Florida street address of the registered agent of the limited liability company is:

Aragon Registered Agents, Inc.
255 Alhambra Circle
Suite 500
Coral Gables, Florida 33134

Having been named as the 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.

Date: 3/21/08

Mayra Fernandez
Registered Agent's Signature

FILED

2008 MAR 24 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mar 23 2008 21:31

ECFS

3054444977

P. 2

(((H08000073996)))

ARTICLE IV


The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Ryan A. Grant 27201 SW 167 Avenue Miami, FL 33031
Manager	Blossom Grant 27201 SW 167 Avenue Miami, FL 33031
Manager	Natalie Grant 27201 SW 167 Avenue Miami, FL 33031
Manager	Carron Grant 27201 SW 167 Avenue Miami, FL 33031

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.

Authorized Signee:


Type or Print Name: RYAN A. GRANT


BLOSSOM GRANT


NATALIE GRANT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR 24 AM 7:39

FILED