

L08000100578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

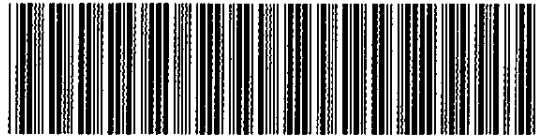
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000137157840

10/24/08--01015--012 **125.00

EFFECTIVE DATE
10/26/08

FILED
08 OCT 24 AM 11:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rabax, LLC
(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:

Cass Long
(Name of Person)

W. Wade Wallace, P.A.
(Firm/Company)

10221 West Emerald Coast Parkway, Suite 26
(Address)

Miramar Beach, Florida 32550
(City/State and Zip Code)

For further information concerning this matter, please call:

Cass Long at (850) 837-0115
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

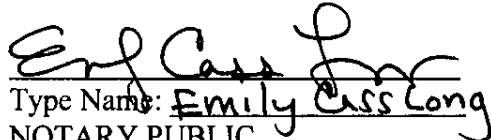
STATE OF FLORIDA
COUNTY OF WALTON

The forgoing instrument was acknowledged before me this 20th day of October, 2008, by David C. Wilson, () who is personally known to me/ () who produced the following as identification: _____.

WITNESS my hand and seal this 20th day of October, 2008.

Affix Seal:

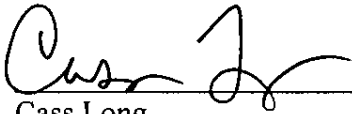



Type Name: Emily Cass Long
NOTARY PUBLIC
My Commission Expires:

Pursuant to the provisions of Sections 608.415 and 608.407(1)(c) of the Florida Limited Liability Company Act, **Rabax, LLC**, submits the following statement in designating its registered office and registered agent in the State of Florida:

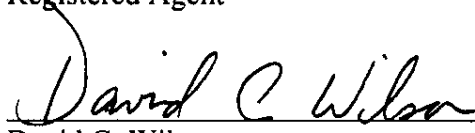
The name of the registered agent for **Rabax, LLC**, is W. Wade Wallace, P.A., whose address is 10221 West Emerald Coast Parkway, Miramar Beach, Florida 32550.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and 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.



Cass Long
W. Wade Wallace, P.A.
Registered Agent

10/20/08
Date



David C. Wilson
Managing Member

10/20/08
Date

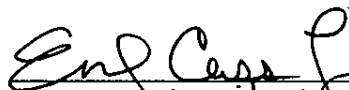
STATE OF FLORIDA
COUNTY OF WALTON

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WITNESS my hand and seal this 20th day of October, 2008.

Affix Seal:





Type Name: Emily Cass Long
NOTARY PUBLIC
My Commission Expires:

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TALLAHASSEE FLORIDA

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