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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Rak	Name of Limit	ed Liability Company)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
Cass Lo	ng	(Name of Person)	
w. wad	e Wallace,	P. A. (Firm/Company)	
1022	West Emera	1d Coart Parku	say, Scite 26
mirama	r Beach, fl	orida 32550 ry/State and Zip Code)	
For further information c	oncerning this matter, please	e call:	
Cass Long	of Person)	at (<u>850</u>) <u>837-</u> (Area Code & Daytime Telep	phone Number)
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	S155.00 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 Ci	rcle

Articles of Organization for Rabax, LLC, a Florida Limited Liability Company

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liabilities companies for profit. He further declares that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

Article I. Name and Principal Place of Business

The name of the limited liability company will be **Rabax**, **LLC**. Its principal office and mailing address will be located at 1209 Airport Road, Suite 1, Destin, Florida 32541.

Article II. Management

Management of this limited liability company is reserved to its organizer and m whose name and address is as follows.

David C. Wilson

1209 Airport Road, Suite 1 Destin, Florida 32541

Article III. Effective Date

The effective date of this limited liability company and these Articles of Organization is October 26, 2008

Article IV. Initial Registered Office and Registered Agent

The name of the limited liability company's initial registered agent is W. Wade Wallace, P.A., whose address is 10221 West Emerald Coast Parkway, Miramar Beach, Florida 32550.

IN WITNESS WHEREOF, for the purpose of forming this limited liability company under the laws of the State of Florida, the undersigned, being the original member of the limited liability company, certifies that this instrument constitutes the proposed Articles of Organization of Rabax, LLC.

Executed by the undersigned on this 20th day of October, 2008.

David C. Wilson

1209 Airport Road, Suite 1

Destin, Florida 32541

STATE OF FLORIDA COUNTY OF WALTON

The forgoing instrument was ackn David C. Wilson, () who is personall identification:	owledged before me this 2015 day of October, 2008, by known to me/ () who produced the following as
WITNESS my hand and seal this	day of October, 2008.
Affix Seal:	Type Name: Fmily Ciss Cong NOTARY PUBLIC
The Control of the Co	My Commission Expires:

EMILY CASS LONG Commission DD 822911 Expires September 15, 2012 Bonded Thru Troy Fain Insurance 800-385-7019 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.

us de	10/
Cass Long	Date /
W. Wade Wallace, P.A.	
Registered Agent	

David C. Wilson
Managing Member

 $\frac{10/20/08}{\text{Date}}$

STATE OF FLORIDA COUNTY OF WALTON

Darrie C. wolson, (X) who is person following as identification:	nally known to me/ who produced the
WITNESS my hand and seal this 20th da	
Affix Seal:	Type Name: Evally Carc Long NOTARY PUBLIC
EMILY CASS LONG Commission DD 822911 Expires September 15, 2012 Bonded Thru Troy Fain Insurance 800-385-7019	My Commission Expires: