L1000033370

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·	- .,
(Ad	dress)		-
(Ad	dress)		-
(Cit	y/State/Zip/Phone	#)	- "
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	_
(Do	cument Number)		-
Certified Copies	_ Certificates	of Status	=
Special Instructions to	Filing Officer:],
]-



500168022535

SUFFICIENCY OF FILING

2010 MAR 26 PM 1: 23

DEPARTMENT OF STATE OF STATE OF STATE

Office Use Only

7109000 7548 KOHR

EXAMINER

10 MAR 26 PM 2: 51

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03-26-10.

NAME:

RAINALDI REALTY INVESTMENTS, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAU



A	R'	TIC	LTC T	_ N	am	a:

	imited Liability Comp	oany is:			
RAINALDI	rralty investmen	TS, LIC			
(M	(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")				
ARTICLE II - Ac The mailing addre		of the principal office of the Limited Liability Compar	ny is:		
Principal Office	Address:	Mailing Address:			
606 Colonial Bay Drive		606 Colonial Bay Drive			
Nokomia. FL 34	275	Nokemis, FL 34275			
The name and the	Florida street address ANGREO BAINALD	of the registered agent are:			
	606 Colonial B	ay Drive	•		
		ay Drive ress (P.O. Box NOT scoeptable)	•		
		···· ·	•		
	Florida street addi	reas (P.O. Box NOT scooptable)	•		

(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" = Mane		
"MGRM" = Ma	naging Member	
NGRM	•	ANGRIO RAINALDI
		606 Colonial Bay Drive
		Noleomis, FL 34275
		
	•	
	<u></u>	
•		
(Use attachmen	t if necessary)	
RTICLE V: Effective	date, if other than the	date of filing: (OPTIONAL)
		specific and cannot be more than five business days prior
or 90 days after the c	late of filing.)	
REQUIRED S	CONATTOR.	\wedge
24-74 P. 27	/h	1 1 -
	(VM	ylor Kayneldi
	Signature of a member	or an authorized representative of a member.
•	U	tion 608.408(3), Florida Statutes, the execution
,	of this document const	itutes an affirmation under the penalties of perjury
	that the facts stated her	sin are true.)
	ANGRIO RATNALDI	1
•		ped or printed name of signes
Piling Fee	<u>AL</u>	•
\$125.00 Filling	Fee for Articles of Organ	nicetion and Dationation
of Re	gistored Agent	wand and residuation
5 30.00 Certif	fed Copy (Optional)	
\$ 5,00 Certif	icate of Status (Optional)	