·09/13/2010 08 32 ivision of Corporations



Division of Corporations Electronic Filing Cover Sheet

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(((H10000202151 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVE

Account Number : 120000000019

Phone : (305)552-5973 Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used facilities annual report mailings. Enter only one email address please;

Email Address:

FLORIDA LIMITED LIABILITY CO. RAJA TABLAS PRODUCTION LLC.

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

S. HAWKES

SEP 1 4 2010

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9/13/2010 8:49:50 AM PAGE 1/001 F

1/001 Fax Server



September 13, 2010

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: RAJA TABLAS PRODUCTION LLC

REF: W10000042775

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Suzanne Hawkes
Regulatory Specialist II

FAX Aud. #: H10000201052 Letter Number: 410A00021642

Registration/Qualification Section

H10000202151

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

IRTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Rain Tables Production 12
(Must and with the words "Limited Liability Company, "LLC," ox "LLC," ox "LLC,"
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Companyols:
Principal Office Address: Mailing Address:
128 Ponce de Leon SAME.
Ts/a Motada
ARTICLE III ~ Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Roberto Tombo
Name

128 Ponce de Jeon Florida street address (P.O. Box NOT acceptable)

Isla morada FL 33036 City, State, and Zip

Having been named as 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

H10000202151

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 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (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 anthorized 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.)

Flung Foes:

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

H10000202151

Typed or printed name of signce