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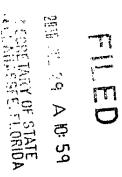
(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ragmans, LLC	ia d Liabilia. Comm	
Name of Lim	ited Liability Comp	bany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Bradley W. Butcher		
Name of Person		
Butcher & Associates, PL		
Firm/Company		
6830 Porto Fino Circle, Suite 2		
Address		
Fort Myers, FL 33912		
City/State and Zip Code		
basilesal@aol.com		
E-mail address: (to be used for future annua	ıl report notification)
For further information concerning this matter, please	e call:	
Bradley W. Butcher	239 at ()	322-1650
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

STATEMENT OF AUTHORITY

authority:	n 605.0302(1), Florida Statutes, this limited liability company submits the following statement of the limited liability company is:
FIRST: The nam	e of the limited liability company is:
SECOND: The I	Florida Document Number of the limited liability company is: L10000108962
THIRD: The stre	eet address of the limited liability company's principal office is: Briarcliff Road
Fort M	lyers, FL 33912
	ailing address of the limited liability company's principal office is: Briarcliff Road
Fort M	lyers, FL 33912
position of a pers person on the foll	execute an instrument transferring real property held in the name of the company. a. Granted to: Alexander Basile, a Member of the Company
	b. No authority granted to:
2. Ma	y enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: Alexander Basile, a Member of the Company
	b. No authority granted to:
Signature of auth	orized representative Filing Fee: \$25.00 Manager Typed or printed name of signature