

L12000020273

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

RECEIVED

12 FEB 10 AM 6:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
RAINA HACHET, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB 10 AM 7:30

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Corporate Filing Menu

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FEB 13 2012

T. HAMPTON

2/10/2012

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

RAINA HACHET, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5220 SW 34<sup>TH</sup> TERRACE

SAME

FORT LAUDERDALE, FL 33312

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

RAINA S. SPIVACK

Name

5220 SW 34<sup>TH</sup> TERRACE

Florida street address (P.O. Box NOT acceptable)

FORT LAUDERDALE, FL 33312

City, State and Zip

*Having been named as registered agent and to accept service to process for the above stated liability company of 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 in Chapter 608, F.S.*

✓   
Registered Agent's Signature

(CONTINUED)

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**ARTICLE IV - Manager(s) of Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

RAINA S. SPIVACK

5220 SW 34<sup>TH</sup> TERRACE

FORT LAUDERDALE, FL 33312

MGRM

\_\_\_\_\_

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MGRM

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MGRM

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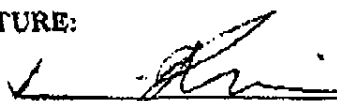
\_\_\_\_\_

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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



Signature of member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes affirmation under the penalties of perjury that the facts stated herein are true.)

RAINA S. SPIVACK

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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