L12000071989

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·

Office Use Only



100235564901

2 7 20 1 05/29/12--01055--011 **130.00

12 MAY 29 AM IO: 49
SECRETARY OF STATE
TALL ARASSEF FLORID.

C. LEWIS

MAY 3 0 2012

EXAMINER

™ COVER LETTER •

Ŧ

TO			\$48° - 15	
SU	BJECT: <u>RA</u>	B Consultin	a Services, L	LC
The	enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Plea	·	ondence concerning this matt	-	
	Rebecc	a A. Blitma	Name of Person	
	RAB	Consulting:	Serviæs, LLC Firm/Company	
	3225	NE 5 COUR	Address	
	Dom	pano Beach	FLORIDA 33	062
	BEC	ADOOBEE & E-mail address: (to be used f	AOL. COM or future annual report notification)	
For	further information	concerning this matter, please	call:	
<u>_</u> k	lebecca A.	Blitman	at (<u>954</u>) <u>786-0</u> Area Code & Daytime Telep	1698 hone Number
		or the following amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 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 Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RAB	Consulting	Services,	LLC
	(Must end with the words "Limited	Liability Company, "L.L.C.	," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

3225 NE 5 COURT Dompano Beach, FL 33062

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

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are: Rebecca A. Blitman Name	SECRE IN	12 HAY 29	FIL
Florida street address (P.O. Box NOT acceptable) Domnano Beach, FL 33062	OF STAT SEE, FLORIO	9 AM 10: 4:	ED

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

	Manager or Managing Member is as follows: 12 MAY 29
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address: SECNETARY TALLAHASSE
MGR	Rebecca A. Blitman
	Rebecca A. Blitman 3225 NE 5 Court Dompano Beach, FL 33062
	Pompano Beach, FL 33062
Use attachment if necessary)	
F V. Effective date if other th	nan the date of filing: (OPTIONAL
	nust be specific and cannot be more than five business days
fective date is listed, the date m	
fective date is listed, the date n days after the date of filing.)	·
ective date is listed, the date n days after the date of filing.)	
ective date is listed, the date m	zea a balm
ective date is listed, the date n days after the date of filing.) REQUIRED SIGNATURE:	nember or an authorized representative of a member.
days after the date of filing.) REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation I am aware that any false constitutes a third degree	cea a balm

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)