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| (Requ | uestor's Name) | | | |
|---|------------------|-------------|--|--|
| (Addı | ress) | | | |
| (Addi | ress) | | | |
| (City/ | /State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busi | ness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE

SECRETARY OF STAN

COVER LETTER

| TO: Registration of | on Section Corporations | • | * : |
|------------------------|---|--|--|
| SUBJECT: | Rackley Di Name of Limited | Stributing Liability Company | LLC |
| The enclosed Article | es of Organization and fee(s) are su | bmitted for filing. | |
| Please return all corr | respondence concerning this matter | to the following: | |
| | Tabatha | KacKley Jame of Person | |
| | 14 | Jame of reison | |
| | 1102 Poplar | Firm/Company D | |
| | Talkhass | Address F/ | 32304 |
| | tabbi323048 | State and Zip Code | |
| For further informati | ion concerning this matter, please c | • | |
| Tabatha | | at (<u>850</u>) <u>544 –</u> Area Code & Daytime Tel | O2/4 ephone Number |
| Enclosed is a check | k for the following amount: | | |
| \$125.00 Filing Fee | \$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | as |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|--|---|---|
| Rac Kley | Distributing | LLC |
| (Must end with the words "Limited Liabili | ity Company, "L.L.C.," or "LLC.") | - |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liabil | ity Company is: |
| Principal Office Address: | Mailing Address: | |
| 1102 Poplar Dr | Same | |
| Tallahassey F1 32304 | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | | |
| allahassee | ress (P.O. Box NOT acceptable) FL 32304 Ite, and Zip | # AUG TO AH 8: 56 |
| Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signature. | his certificate, I hereby accept the ap i. I further agree to comply with the informance of my duties, and I am far itered agent as provided for in Chap | ppointment as provisions of all miliar with and |
| (CONTINU | UED) | |

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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 authorized 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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)