## L12000148158

(Requestor's Name)		
(Address)		
(Address)		
, ,		
(City/State/7ii	o/Phone #\	
(City/State/Zip/Phone #)		
PICK-UP W	AIT MAIL	
(Business En	tity Nama)	
(Dusiness En	ity Name;	
(Document Number)		
Certified Copies Cer	tificates of Status	
Special Instructions to Filing Officer:		
J Section 1 and 1		





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Effective Date 11-19-12

11/26/12--01036--006 \*\*130.00

SECRETARY OF STATE

J. SAULSBERRY EXAMINER

NOV 2 7 2012

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CT: RAAMS LCC	
	Name of Limited Liability Company	<del></del>
The enc	losed Articles of Organization and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
_	C. Oon Singh Name of Person  CAAMS LLC  Firm/Company	
	Name of Person	
	RAAMS LCC	
_	Firm/Company	
	2301 NW 33rd St #108	<b>▶</b>
-	Address	ALL SEC
	Oakland Park, FL 33.	30 PH 0
_	Firm/Company  2301 NW 33rd 5f #108  Address  Oakland Park FC 33.  City/State and Zip Code  Colonsingh @ qmai/.com  E-mail address: (to be used for future Innual report notification)  her information concerning this matter, please call:	MINOV 26 AN 19- SECRETARY OF STA ALLAMASSEE. FLOR
_	E-mail address: (to be used for future annual report notification)	ST S
For furt	her information concerning this matter, please call:	AIE RIDA
	C. Don Singh at (954) 234-60  Name of Person Area Code & Daytime Telephone N	) 2 /
	And esde a Bayanie Telephone .	· ·
Enclose	ed is a check for the following amount:	
<b>■\$</b> 125.0	(additional copy is enclosed) Cert	0.00 Filing Fee, ificate of Status & ified Copy itional 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 Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
RAAMS LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
0201 41108 22 114 4108
2301 NW 33rd St #108 2301 NW 33rd St #108
Oakland Park, FL 33309 Oakland Park, FL 3321
3830
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:
C. Don Singh Name  Name
Name Name  N
3301 100 3310 37
F-U) F
Oakland Park FL 33509
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

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	
MGRM — Wallaging Wellber	(. Don Singh 2301 NW 33rd St #108 Oakland Pork, FL 33309
if an effective date is listed, the date must b	ate of filing: //9/2. (OPTIONAL) be specific and cannot be more than five business days
rior to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	SECRE TAR
L Om	E S
(In accordance with section 608.40 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	Pon Singh
Турес	d 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)