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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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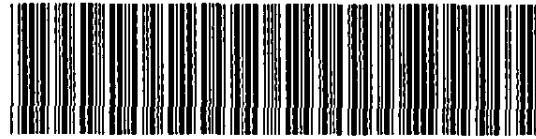
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Platinum Rapids, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Rowe
Name of Person

Penson Law Firm, P.A.
Firm/Company

1435 E. Piedmont Drive, Suite 101
Address

Tallahassee FL 32308
City/State and Zip Code

dar@penld.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Rowe at (850) 561-8000
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
PLATINUM RAPIDS, LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is:

PLATINUM RAPIDS, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

23 Limpkin Court
Crawfordville, Florida 32327

4. **Mailing Address.** The mailing address of the limited liability company is:

23 Limpkin Court
Crawfordville, Florida 32327

5. **Managing Member at Time of Formation.** The name of each manager at the time of formation:

John Lentz
23 Limpkin Court
Crawfordville, Florida 32327

6. **Period of Duration.** The period of duration shall be perpetual until it is dissolved or liquidated and its affairs wound up.

7. **Management.** Management of the Limited Liability Company at the time of formation is by a Managing Member appointed by the Member(s). If more than one Managing Member is appointed, either Manager shall have authority to act on behalf of the Company.

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name the Florida Street address of the registered agent are:

Albert C. Penson
1435 East Piedmont Drive, Suite 101
Tallahassee, Florida 32308

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TALLAHASSEE, FLORIDA
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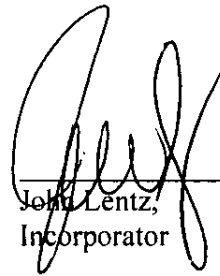
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.



Albert C. Penson

9. **Effective Date.** The effective date of the limited liability company shall be:

March 25, 2013



John Lentz,
Incorporator

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

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