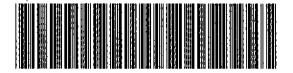
L13000084098

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

Office Use Only



600248688736

06/10/13--01042--020 **160.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Rash: LL Name of Limite	C ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Joe 1	Name of Person	
<u>Jol</u>	nason + Joh	Firm/Company	
••	PO Box	1410 Address	
F	lorence /	9L 35631 y/State and Zip Code	
a	My @ johnson	and johnson cp	a.com
For further information	concerning this matter, please	call:	
Joe Name	Hester of Person	at (256) 764- Area Code & Daytime Telep	8582 phone Number
Enclosed is a check i	for the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	U\$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	Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Rash; 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:
Red Roof Inn 2930 Hosp: tality Street Talla hassee FL 32303-4041 Tallahassee FL 32303-4041 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: Divyesh Pazel Name 2930 Hospizality Street Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32303-4041 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	
MORM	D: vyesh Patel 2930 Hospitality Street Tallahassee FL 32303-4041
MGRM	Rakesh Patel 1800 Highway 72 West Tuscumbia AL 35674
(Use attachment if necessary)	
ICLE V: Effective date, if other that effective date is listed, the date	n the date of filing: (OPTIONAL) must be specific and cannot be more than five business days
to or 90 days after the date of filin	ig.)
REQUIRED SIGNATURE:	TAHASSEE,
h ()	Luxal Ptel
Signature of a m	07 =
	nember or an authorized representative of a member.
constitutes an affirmation I am aware that any false i	pember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
constitutes an affirmation I am aware that any false i	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State

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)