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## **COVER LETTER**

_	stration Section sion of Corporations	
SUBJECT:	DON G. RACKICY LLC  Name of Limited Liability Company	
	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:	
	Donald Gregory Rackley 50	
	Name of Person	
	Firm/Company	
	1102 0 1 0	
/	102 Poplar Dr Address	
	•	
J	City/State and Zip Code  Ongrackley @ Yaheo, com  E-mail address: (to be used for future annual report notification)	
,	City/State and Zip Code	
	ongrackley @ yahoo, com	
For further in	formation concerning this matter, please call:	
1	Name of Person Area Code & Daytime Telephone Number	
	Name of Person / Area Code & Daytime Telephone Number	
	a check for the following amount:	ý
	ling Fee \$\square\$\$\$\square\$\$\$\$\$130.00  Filing Fee & \$\square\$	Zişə Tibb
	(additional copy is enclosed) Certified Copy: (additional copy is enclosed)	
	Mailing Address Registration Section Registration Section	
	Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compan	y is:	
DON G. Rackley	Liability Company, "L.L.C.," or "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	he principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
1102 Poplar Or Tallahasses FL 32304	Same	
Tallahasses FL 32304		<del></del>
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Registered Agent. You must designate an individ	Signature: dual or another
1102 Pop /a- Florida stre	the registered agent are:	FILE SAM 9: 27  MECKETARY OF STATE  FALLAHASSEE FLORIDA
	d in this certificate, I hereby accept the capacity. I further agree to comply wi mplet <del>e p</del> erformance of my duties, and	he appointment as ith the provisions of I am familiar with

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 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ . (OPTIONAL) (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 States.

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)