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Thank you and God Bless,

(850) 245-6051.

COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: J. Rapha Capital Group 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:
George P. Montinez
Name of Person
J. Rapha Capital Grayo LLC.
3431 S. Westshore Blud
Address
lampa, Horida 33629 Fr -
City/State and Zip Code
Petere modern shutters and blinds - con 27 Email address: (to be used for future annual report notification)
SE N FRE
For further information concerning this matter, please call:
George R. Mortinez m. 813, 244-2699 Name of Person Area Code & Daytime Telephone Number S. D.
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
■\$125.00 Filing Fee Certificate of Status Certificate of Status 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 Registration Section

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

Street/Courier Address
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:

J. Rapha Capital Group LLC
(Must end with the words "Limited Embility 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:
3431 S. Westshow Blvd.	3431 S. Westshore Blud
Tanga Florida 33629	Tampa Florida 33629
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Reg business emity with an active Florida registration.)	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another

The name and the Florida street address of the registered agent are:

Ceorge P. Mortinez

Name

5119 W. Neptune Way

Florida street address (P.O. Box Not acceptable)

Tama Fla: 33609

City, State, and Zip

Having been named as registered agent and to accept service of process for the above state. I 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):

Title:

"MGR" = Manager

The name and address of each Manager or Managing Member is as follows:

WOKM - Managing Member	f •
<u>mgr</u>	Goorge P. Mortinez 5119 B. Nepture Way Tampo CP. 33409
<u>marm</u>	HKT Capital Group LLC 5812 S. Str Street Tampa Fla. 33011
MGRM	Angelo Piazza 2716 Brigoholly Prive Valrico, FRq. 33594
•	
(Use attachment if necessary)	
	nan the date of filing:
Senature of a c	momber or an authorized representative of a member.
constitutes an affirmation I am aware that any false	ion 608.408(3). Florida Stanties, the execution of this document of under the penalties of perjury that the facts stated herein are true.
consumes a trint decree	felony as provided for in s.817.155, F.S.)

Name and Address:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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