

#L14000073572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO NAME PER
CONVERSATION WITH

ANALIA CAMARDA 5/6/2014 KS

Office Use Only



600259089916

04/16/14--01019--001 **125.00

EFFECTIVE DATE
4-17-2014

FILED
2014 APR 16 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY - 6 2014

WKL 2/16/2014
Clerk
Registration
Tallahassee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2014

JAVIER A CAMARDA
124 SANTA CLARA DR.
APT. 1
NAPLES, FL 34104

SUBJECT: RAJ CORPORATION LLC
Ref. Number: W14000024602

We have received your document for RAJ CORPORATION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000008804 "RAJ LLC".

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

(850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 214A00008320

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R A&J NAPLES, 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:

JAVIER A CAMARDA

Name of Person

R A&J NAPLES, LLC

Firm/Company

124 SANTA CLARA DRIVE APT 1

Address

NAPLES FLORIDA 34104

City/State and Zip Code

ANALIA CAMARDA@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANALIA CAMARDA

Name of Person

at (239) 961-8096

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

EFFECTIVE DATE
4-17-2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R A&J NAPLES, 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:

124 SANTA CLARA DRIVE APT 1
NAPLES FLORIDA 34104

Mailing Address:

124 SANTA CLARA DRIVE APT 1
NAPLES FLORIDA 34104

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:

JAVIER A CAMARDA

Name

124 SANTA CLARA DRIVE APT 1

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

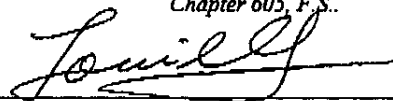
NAPLES

City

FL 34104

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2014 APR 16 PM 3:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JAVIER A CAMARDA

124 SANTA CLARA DRIVE APT 1

NAPLES FLORIDA 34104

MGR

ROSALIA B. CAPRARIORI

124 SANTA CLARA DRIVE APT 1

NAPLES FLORIDA 34104

MGR

ANALIA E. CAMARDA

124 SANTA CLARA DRIVE APT 1

NAPLES FLORIDA 34104

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/17/2014 (OPTIONAL)

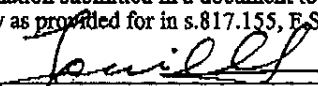
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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 State constitutes a third degree felony as provided for in s.817.155, F.S.)


Typed 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)