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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>RAIDER REALTY OF MULBERF</u> Name of Li	RY, LLC mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Paul G. Schlichte, Esquire	Name of Person	
	Ray A. Schlichte, Jr., P.A.	F: 40	
		Firm/Company	
	2134 Hollywood Boulevard	Address	
	Hollywood, Florida 33020	City/State and Zip Code	
<u>.p</u> :	schlichte@schlichtelaw.com E-mail address: (to be use	d for future annual report notifica	ution)
For fur	ther information concerning this matter, ple	ase call:	
Paul (	G. Schlichte at (  Name of Person	954 ) 923-4604 Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
I \$125.0	00 Filing Fee \$\times \text{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 Add: Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
RAIDER REALTY OF MULBERRY, LLC (Must end with the words "I	Limited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
4103 N. W. 132 Street Opa Locka, Florida 33054		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered Agent. You must d	
The name and the Florida street address of the reg	gistered agent are:	
Paul G. Schlichte, Esqu	uire Name	
2134 Hollywood Boule Florida street address (P	vard .O. Box <u>NOT</u> acceptable)	
<u>Hollywood</u> City	FL 33020 Zip	
Having been named as registered agent and to act the place designated in this certificate, I hereby capacity. I further agree to comply with the proof my duties, and I am familiar with and accept	y accept the appointment as registered visions of all statutes relating to the pro	l agent and agree to act in this oper and complete performance
Registered Agent'	's Signature (REQUIRED)	
(CO	NTINUED)	ANASSA 6
. P.	age I of 2	SELFLORIDA

MGR/MBR  Steve Obst 4301 N. W. 132 Street Opa Locka, Florida 33054  MBR  Tavia Obst 4301 N. W. 132 Street Opa Locka, Florida 33054  Use attachment if necessary)  V: Effective date, if other than the date of filing: Cive date is listed, the date must be specific and cannot be more than five business days prior filing.)  EVI: 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 doc constitutes an affirmation under the penalties of perjury that the facts stated herein are in I am aware that any false information submitted in a document to the Department of Signature of a triple of the penalties of perjury that the facts stated herein are in I am aware that any false information submitted in a document to the Department of Signature of a triple of the penalties of perjury that the facts stated herein are in I am aware that any false information submitted in a document to the Department of Signature of a triple of the penalties of perjury that the facts stated herein are in I am aware that any false information submitted in a document to the Department of Signature of a triple of the penalties of perjury that the facts stated herein are in I am aware that any false information submitted in a document to the Department of Signature of a penalties of perjury that the facts stated herein are in I am aware that any false information submitted in a document to the Department of Signature of a penalties of perjury that the facts stated herein are in I am aware that any false information and the penalties of perjury that the facts stated herein are in I am aware that any false information and the penalties of perjury that the facts stated herein are in I am aware that any false information and the penalties of perjury that the facts stated herein are in I am aware that any false information and the penalties of perjury that the facts stated herein are in I am aware that any fal	Fitle:  AMBR" = Authorized Member	Name and Address:
WBR  Tavia Obst  4301 N. W. 132 Street Opa Locka, Florida 33054  Tavia Obst  4301 N. W. 132 Street Opa Locka, Florida 33054  Use attachment if necessary)  V: Effective date, if other than the date of filing:	MGR" = Manager	Others Object
Use attachment if necessary)  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 doc constitutes an affirmation under the penalties of perjury that the facts stated herein area I am aware that any false information submitted in a document to the Department of Sia constitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee	MGR/MBR	
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Opa Locka, Florida 33054  Use attachment if necessary)  E.V: Effective date, if other than the date of filing:	MBR	Tavia Obst
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	V: Effective date, if other than the dattive date is listed, the date must be sfiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a magnetic constitutes an affirmation under the constitutes at the degree felocometric constitutes at the date must be set that the date must be set the date must be se	nember or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Find the penalties of the statute of the Department of State only as provided for in s.817.155, F.S.)  Typed or printed name of signee