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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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* OCT 28 PH I2: 44

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rath chare Lawns 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:
John M. Hutchinson Jr. Name of Person
Raindance Larry LLC Firm/Company
8785 Billingsley Pol
Tallahassee, FC 32309
Tohn mhutchihoon in C Hotmail Com E-mail address: (to be used-for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 528 6371 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \\ (additional copy is enclosed) \$\text{Certified Copy} \\ (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Raindance Lawns 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:		
8785 Billingsley Rd Tallahamer FC 32309 ->		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate a another business entity with an active Florida registration.)	n individual or	
The name and the Florida street address of the registered agent are:		
John H. Hohn	#6 F	
Name	190 41	
8785 B. Haysley Ro	T 28	<u>D</u>
Florida street address (P.O. Box NOT acceptable)	Mar D	me
Talkhome FL 32308	四二 至	0
City Zip		
Having been named as registered agent and to accept service of process for the above stated limite the place designated in this certificate, I hereby accept the appointment as registered agent and capacity. I further agree to comply with the provisions of all statutes relating to the proper and c of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S.	l agree to act in this omplete performance	
_		

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	John Hutchiham 9786 Billmyley Rd Tallahum, FL 7 32 312	
		
(1)		
(Line attachment if nagencem)		
(Use attachment if necessary) LE V: Effective date, if other than the date of	filing: .(OPTIONAL)	
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CLE V: Effective date, if other than the date of ffective date is listed, the date must be specie of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605) constitutes an affirmation under the section for th	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document, the penalties of perjury that the facts stated herein are true.	
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