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B. BOSTICK JAN 2 6 2015 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Rahn Group Associates LLC Name	of Limited Liability Company	
The enclosed Articles of Organization and fe Please return all correspondence concerning	·	
Steven Conner	Name of Person	
Conner Hubbard & Company	LLC Firm/Company	
1106 Park Avenue	Address	
Orange Park FL 32073	City/State and Zip Code	
firm@connerhubbard.com E-mail address: (to be For further information concerning this matter	be used for future annual report notification) or, please call:	
Steven Conner Name of Person	at (904) 278-1040 U Area Code Daytime Telephone Number	C
Enclosed is a check for the following amount	: 	
\$125.00 Filing Fee State \$130.00 Filing Fee Certificate of State		i)
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	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Rahn Group Associates, LLC		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal offic	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1102 A1A North, Ste. 202	same	
Ponte Vedra Bch, FL 32082		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Liability Company cannot serve as its own Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Office, & (The Limited Liability Company cannot serve as its own Registered Office, & (The Limited Liability Company cannot serve as its own Registered Office, & (The Limited Liability Company cannot serve as its own Registered Office, & (The Limited Liability Company cannot serve as its own Registered Office, & (The Limited Liability Company cannot serve as its own Registered Office, & (The Limited Liability Company cannot serve as its own Registered Office, & (The Limited Liability Company cannot serve as its own Registered Office, & (The Limited Liability Company cannot serve as its own Registered Office, & (The Limited Liability Company cannot serve as its own Registered Office, & (The Limited Liability Company cannot serve as its own Registered Office, & (The Liability Company cannot serve as its own Registered Office, & (The Liability Company cannot serve as its own Registered Office, & (The Liability Company cannot serve as its own Registered Office, & (The Liability Company cannot serve as its own Registered Office, & (The Liability Company cannot serve as its own Registered Office, & (The Liability Company cannot serve as its own Registered Office, & (The Liability Company cannot serve as its own Registered Office, & (The Liability Company cannot serve as its own Registered Office, & (The Liability Company cannot serve as its own Registered Office, & (The Liability Company cannot serve as its own Registered Office, & (The Liability Company cannot serve as its own Registered Office, & (The Liability Company cannot serve as its own Registered Office, & (The L	Registered Agent's Signature:	
another business entity with an active Florida registration.)		
The name and the Florida street address of the registered ag	gent are:	
Steven Conner		
Name		
1106 Park Avanua		
1106 Park Avenue Florida street address (P.O. Box N	NOT acceptable)	
_	,	
Orange Park	FL_32073	
City	Zip	
Having been named as registered agent and to accept servi	ice of process for the above stated limited liability compar	ту at
the place designated in this certificate, I hereby accept the	the appointment as registered agent and agree to act in the	is
capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	all statutes relating to the proper and complete performal gations of my position as registered agent as provided for a	nce in
	r 605, F.S	
Steven 1 Congre		
Registered Agent's Signatur	re (REQUIRED)	
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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Ed Rahn
WON	1102 A1A North, Ste. 202
	Ponte Vedra Bch, FL 32082
ective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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