1150000 32356

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	 -
(Cit	ty/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
, (Bı	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
		:
- ···		

Office Use Only



800268693808

01/28/15--01008--011 **130.00

15 JAN 28 FM 3: 25 SECRETARY OF STATE FALLAHASSEE ELOPIO

FEB 2 3 2015 **T. HAMPTO**N

8203 SIR

COVER LETTER

Division of Corporations		
CURVICE DATE OF THE		
SUBJECT: RALTECH, LLC Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) at	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Robert A. Longo		
	Name of Person	
RALTECH, LLC		
10(2) 2011, 220	Firm/Company	
15 Blair Court	Address	
	Address	
Homosassa, FL 34446		
	City/State and Zip Code	
raltech10@gmail.com	d for future annual report notifica	**************************************
		uon)
For further information concerning this matter, plea	ase call:	
Robert A, Longo at (.;	252 \ 220 4657	
Robert A, Longo at (_: Name of Person		lephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □\$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is enclosed)
Mailing Address	Street/Courier Add	
Registration Section	Street/Courier Adda Registration Section	1622
Division of Corporations	Division of Corporat	ions
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle

Tallahassee, FL 32301



RECEIVED

15 FEB 20 AM 10: 00

SUPERIOR OF SEMERATIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2015

ROBERT A LONGO 15 BLAIR CT HOMOSASSA, FL 34446

SUBJECT: RALTECH, LLC Ref. Number: W15000009072

We have received your document for RALTECH, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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), AuthorizedPerson (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.

Tammy Hampton Regulatory Specialist III

Letter Number: 515A00002586

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
RALTECH, 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 of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15 Blair Court Homosassa, FL 34446	Same
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered Roberta Longo AP Name	Registered Agent. You must designate an individual or on.) agent are:
Name	
15 Blair Court	NOT
Florida street address (P.O. Box	x NOT acceptable)
Homosassa City	FL 34446 Zip
Having been named as registered agent and to accept se the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in the ter 605, F.S
	For the

(CONTINUED)

Page 1 of 2

15 JAN 28 PM 3: 25
SECRETARY OF STATE
SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Robert A. Longo, MGR	15 Blair Court
,	Homosassa, FL 34446
Roberta Longo Mgr	15 Blair Court
(· · · •	Homosassa, FL 34446
(Use attachment if necessary)	
	e of filing: <u>Feburary 1, 2015</u> . (OPTIONAL)
CLE V: Effective date, if other than the date	e of filing: <u>Feburary 1, 2015</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)	
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	Pecific and cannot be more than five business days prior to or
CLE V: Effective date, if other than the date effective date is listed, the date must be species of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 60 constitutes an affirmation und I am aware that any false info	ember or an authorized depresentative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
CLE V: Effective date, if other than the date effective date is listed, the date must be species of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 60 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or the period of the perio
CLE V: Effective date, if other than the date effective date is listed, the date must be speed of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 60 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized depresentative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date effective date is listed, the date must be speed of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 60 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized depresentative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:
CLE V: Effective date, if other than the date effective date is listed, the date must be speed of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 60 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized depresentative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this documen ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) Typed or printed name of signee

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE