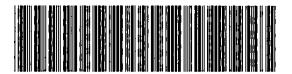
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rainier's Auto Touch up Company 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:
Rainier Chancoco Name of Person
Firm/Company
18086 SW 29th Street
City/State and Zip Code Rainier 1984 & Gmail E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Rainier Chancoco at (954) 394-7754 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Rainier's Auto To (Must end with the words "Limited	Duch up Company LLC Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	flice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	18086 SW 29th st Miramar FL 33020
ARTICLE III - Registered Agent, Registered Office, of The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are: 海 量 〇
Rainier Cl	nancoro 2:
18086 SW Florida street address (P.O. Box	29 th Street (NOT acceptable)
Mirama (City	FL 33029 Zip
	rvice of process for the above stated limited liabury company at t the appointment as registered agent and agree to act in this

tlaving been named as registered agent and to accept service of process for the above stated limited liability company a
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)

Page 1 of 2

itle:	Name and Address:	
AMBR" = Authorized Member MGR" = Manager	•	
MGR	Rainier Chancoco)
		
<u>_</u>		
		
Iso attachment if necessary)		
V: Effective date, if other than the date of f tive date is listed, the date must be specifi	iling: (OPTIONAL) ic and cannot be more than five business days prior to) o or s
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