(Re	questor's Name)	
(Ad	dress)	
hAì	dress)	
(1164	aress,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600271724896

04/23/15--01013--021 **125.00

J. HARRIE

COVER LETTER

Division of Corporations		
SUBJECT: Rachele Scholes Realty Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Rachele Scholes		
	Name of Person	
Rachele Scholes Realty		
Nachele Scholes Realty	Firm/Company	
240 Conniston Rd		
	Address	
West Palm Beach, FL 33405	ity/State and Zip Code	
	nty/state and Zip Code	
newz2uuse@hotmail.com E-mail address: (to be use	d for future annual report notifica	ation)
	-	,
For further information concerning this matter, plea	ase call:	
Parket O.A. I		
Rachele Scholes at (!	561) 635-4254 Area Code Daytime Tel	lephone Number
		•
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
Certificate of Status	Certified Copy	Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		(accinonal copy is onelosed)
Mailing Address	Street/Courier Addi	2201
Registration Section	Registration Section	
Division of Corporations	Division of Corporat	ions
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle
1 anamasce, 1 L 323 17	2001 EXECUTIVE CELL	CI CIICIE

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Rachele Scholes Realty, LLC (Must end with the words "Limi	ted Liability Company, "L.L.C.," or	"LLC.")
		,
ARTICLE II - Address: The mailing address and street address of the principa	al office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
240 Conniston Rd	240 Conniston Rd	
West Palm Beach, FL	West Palm Beach, FL	
33405	33405	
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register	ation.)	ignate an individual or
Backela Ocholas		
Rachele Scholes Na	me	
240 Conniston Rd.	NOT	
Florida street address (P.O. I	Box NOT acceptable)	
West Palm Beach	FL 33405	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the Ch	cept the appointment as registered ag ns of all statutes relating to the prop	gent and agree to act in this er and complete performance
Registered Agent's Sig		
(CONTIN	NUED)	2015 APR 23 SECRETARY TALLAHASSE
		3 PH L

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Rachele Scholes	
	240 Conniston Rd West Palm Beach, FL 33405	
	west Faim Death, 1 E 33403	·

	+=	
(Use attachment if necessary)		
ctive date is listed, the date must be speci f filing.)	ific and cannot be more than five busines:	s days prior to or 90
ective date is listed, the date must be specifiling.) E VI: Other provisions, if any.	ific and cannot be more than five business	s days prior to or 90
ective date is listed, the date must be specifiling.) E VI: Other provisions, if any.	ific and cannot be more than five business	s days prior to or 90
ective date is listed, the date must be special filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem	Sululus ber or an authorized representative of a	s days prior to or 90 member.
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.0 constitutes an affirmation under to I am aware that any false information in the section formation in the section in the section is a section formation under the section formation in the section is a section formation under the section under the section formation under the section formation under the section under the section under the section formation under the section under the sec	Silvalle	member. n of this document herein are true.
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.0 constitutes an affirmation under to I am aware that any false information structures a third degree felony at the section 1 am aware that any false information that the section 605.0 constitutes a third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes at third degree felony at the section 605.0 constitutes 605.0 constit	ber or an authorized representative of a 0203 (1) (b), Florida Statutes, the execution the penalties of perjury that the facts stated ation submitted in a document to the Depart as provided for in s.817.155, F.S.)	member. n of this document herein are true.
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.0 constitutes an affirmation under to 1 am aware that any false information section 4 section 605.0 constitutes a third degree felony and the section 605.0 constitutes a third degree felony and the section 605.0 constitutes at the section 605.0 constitutes 605.0 con	ber or an authorized representative of a 0203 (1) (b), Florida Statutes, the execution the penalties of perjury that the facts stated ation submitted in a document to the Depart as provided for in s.817.155, F.S.)	member. n of this document herein are true.
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.0 constitutes an affirmation under to 1 am aware that any false information section 4 section 605.0 constitutes a third degree felony and the section 605.0 constitutes a third degree felony and the section 605.0 constitutes at the section 605.0 constitutes 605.0 con	ber or an authorized representative of a 0203 (1) (b), Florida Statutes, the execution the penalties of perjury that the facts stated ation submitted in a document to the Depart as provided for in s.817.155, F.S.) S Typed or printed name of signee	member. n of this document herein are true.
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.0 constitutes an affirmation under to 1 am aware that any false information constitutes a third degree felony at Rachele J Scholes \$125.00 Filing Fee for Articles of Organical Constitutes and Provided Heading States and Provided Heading States are supported to the second Provided Heading States and Provided Heading States are supported to the second Provided Heading States are	ber or an authorized representative of a 0203 (1) (b), Florida Statutes, the execution the penalties of perjury that the facts stated ation submitted in a document to the Depart as provided for in s.817.155, F.S.)	member. n of this document herein are true. tment of State
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.0 constitutes an affirmation under t I am aware that any false information constitutes a third degree felony at Rachele J Scholes \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	ber or an authorized representative of a 0203 (1) (b), Florida Statutes, the execution the penalties of perjury that the facts stated ation submitted in a document to the Depart as provided for in s.817.155, F.S.) S Typed or printed name of signee Filing Fees: nization and Designation of Registered A	member. n of this document herein are true. tment of State
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.0 constitutes an affirmation under t I am aware that any false information constitutes a third degree felony at Rachele J Scholes \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	ber or an authorized representative of a 0203 (1) (b), Florida Statutes, the execution the penalties of perjury that the facts stated ation submitted in a document to the Depart as provided for in s.817.155, F.S.) S Typed or printed name of signee Filing Fees: nization and Designation of Registered A	member. n of this document herein are true. tment of State
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.0 constitutes an affirmation under I am aware that any false information constitutes a third degree felony at Rachele J Scholes \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	ber or an authorized representative of a 0203 (1) (b), Florida Statutes, the execution the penalties of perjury that the facts stated ation submitted in a document to the Depart as provided for in s.817.155, F.S.) S Typed or printed name of signee Filing Fees: nization and Designation of Registered A	member. n of this document herein are true. tment of State
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.0 constitutes an affirmation under t I am aware that any false information constitutes a third degree felony at Rachele J Scholes \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	ber or an authorized representative of a 0203 (1) (b), Florida Statutes, the execution the penalties of perjury that the facts stated ation submitted in a document to the Depart as provided for in s.817.155, F.S.) S Typed or printed name of signee Filing Fees: nization and Designation of Registered A	member. n of this document herein are true. tment of State