

L15 000104439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

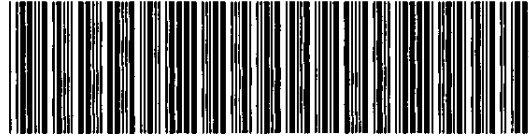
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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05/29/15--01026--011 \*\*160.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN 16 AM 9:00

10-18-15 CA

Correction

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RAP SUBS 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:

RALIZ PATEL

Name of Person

RAP SUBS LLC

Firm/Company

3887 NW 107TH AVENUE SUITE 102

Address

DORAL FL 33178

City/State and Zip Code

ROY198324@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALIZ PATEL                      334                      208-1723  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**Mailing Address**

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

**Street Address**

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

Correction

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAP SUBS 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:

3887 NW 107TH AVENUE SUITE 102  
DORAL FL 33178

305 WEST BYPASS  
ANDALUSIA AL 36420

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RALIZ PATEL

Name

3887 NW 107TH AVENUE SUITE 102

Florida street address (P.O. Box **NOT** acceptable)

DORAL

FL

33178

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at 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..*

RALIZ PATEL

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN 16 AM 9:00

Correction

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

RALIZ PATEL

305 WEST BYPASS

ANDALUSIA AL 36420

AMBR

ANIL PATEL

305 WEST BYPASS

ANDALUSIA AL 36420

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE**

R. A. PATEL

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RALIZ PATEL

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2015

RALIZ PATEL  
3887 NW 107TH AVENUE SUITE 102  
DORAL, FL 33178

SUBJECT: RAP SUB'S LLC  
Ref. Number: W15000038417

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN 16 AM 8:55

We have received your document for RAP SUB'S LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

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) 245-6052.

Christine Haney  
Regulatory Specialist II

Letter Number: 915A00011459