## 115000154368

(Re	questor's Name)	<del></del>
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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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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2015

RODNEY RENNA 3530 S PINE AVE UNIT 54 OCALA, FL 34471

SUBJECT: R AND T HOLDINGS, LLC

Ref. Number: W15000051998

We have received your document for R AND T HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L10000009208.

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) 245-6050.

Cathy A Carrothers Regulatory Specialist

Letter Number: 615A00016167

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 615A00016167

## **COVER LETTER**

TO: Registration Section
Division of Corporations MH CASHOUT, LLC
SUBJECT: Rand Holdings, LLC
Name of Limited Liability dompany
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rodue Renna.  Name of Person
Name of Person
Firm/Company
r(m/Company
3530 S. Pine Ave, Unit 54
City/State and Zip Code
City/State and Zip Code
SUNShine MONDUSA (E amail. COM.
E-mail address: (to be used for future annual eport notification)
For further information concerning this matter, please call:
RODNILY RENNA at (352) U20-0808  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## $\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDA} \ \textbf{LIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY}$

ARTICLE I - Name: The name of the Limited Liability Company is: MH CASHOUT, 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:
3530 S. Pine Ave Unit 54 Ochla, FL 34471 Ochla, FL 34471 Ochla, FL 34471
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:
Rodney Renna Name
3530 S. RNE AVE, Unitsy
Florida street address (P.O. Box NOT acceptable)
Octo FL 34471
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 a man 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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
OWNER.	RODNIN REMMA 3530 S. PINE AVE, UNIF54 OCHIA, FL 34471
(Use attachment if necessary)	
n effective date is listed, the date must be spec late of filing.)	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90 days after  tet the applicable statutory filing requirements, this date will not be listed as  State's records.
TCLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	2 IX

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)