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(Re	questor's Name)	
(Ad	dress)	<u></u>
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(Cit	y/State/Zip/Phone	∋ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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FECTIVE DATE

2015 NOV 16 PM 1: 17

DÉC - 1 2015 T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rainka Law, LCC 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:	
Michael Janes Painka	-
Name of Person	
Rainka Cow, Lic	
Firm/Company	•
1416 Son Hoteo Ave. Address	-
Jacksonville, FC 32007 City/State and Zip Code	-
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$ Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address Street Address	
New Filing Section New Filing Section Division of Corporations Division of Corporations	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LI	ATTED LIABILITY COMPANY 1
ARTICLE I - Name:	20/5
The name of the Limited Liability Company is:	NOV/6
Rainka law. UC	TOTAL C. "OF "LLC."
(Must end with the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
14/6 San Mateo Aus.	1416 Son Notes Ave.
Sacksonville, FL 32207	Jacksonville, FC 32207
ARTICLE III - Registered Agent, Registered Office, & Registere (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	11-13-13
Michael Rainka	
Name	,
11000	tie.
Florida street address (P.O. Box I	NOT acceptable)
Jackson ville FC	32237
City State	Zip
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the	egistered agent and agree to act in this capacity. I

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
19R	Hichael Rainka 1916 son Holes Jue Jacksonville, PC 32007
V: Effective date, if other than the date of	of filing: U/4/2015 (OPTIONAL)
V: Effective date, if other than the date of the date is listed, the date must be specifiling.) he date inserted in this block does not meter's effective date on the Department of	cific and cannot be more than five business days prior to or 90 cet the applicable statutory filing requirements, this date will not be
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EV: Effective date, if other than the date of the date is listed, the date must be specifiling.) the date inserted in this block does not meent's effective date on the Department of EVI: Other provisions, if any. Signature of a menute of a menute of the document is executed a mean aware that any false.	cific and cannot be more than five business days prior to or 90 cet the applicable statutory filing requirements, this date will not be