## L1400023588

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/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



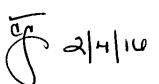
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## **COVER LETTER**

	egistration Section Ivision of Corporations		
CIID IFCT	RAH WORX, LLC		
SUBJECT		Limited Liability Company	•
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.	
Picase retu	rn all correspondence concerning this	matter to the following:	
	Ryan J. Bedner		
		Name of Person	<del></del>
	RAH WORX, LLC		
		Firm/Company	
	356 Whispering Way		
		Address	· , <del>_</del>
	Freeport, FL 32439		
	rahwarx@yahao.com	City/State and Zip Code	
-		sed for future annual report notification)	·····
For further in	nformation concerning this matter, pl	ease call:	
	Ryan J. Bedner	360 359-3432 ( )	
	Name of Person	Area Code Daytime Telephone Number	•
Enclosed is	s a check for the following amount:		
\$125.00 F	lling Fee \$130.00 Filing Fee-& Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Conter Circle Tallahassee, FL 32301	TIG JAN 25 F

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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A	R	T	CL	E.	l -	N	eme
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The name of the Limited Liability Company is:	1
RAH WORX, LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office office of the principal office of the principal office office office office office office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
356 Whispering Way	356 Whispering Way
Freeport, FL 32439	Freeport, FL 32439
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	stered Agent. You must designate an individual or

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

Reagan, Brenda K		
	Name	
348 Eagle Dr	1	
Plorida street address (	P.O. Box NOT a	cceptable)
Panama City Beach	FL	32407
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.

Bunk K (Logy-Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager MGR  Bedner, Ryan J.  356 Whispering Way Freeport, FL 32439
356 Whispering Way Freeport, FL 32439
Freeport, FL 32439
(Use attachment if nocessary)
ITCLE VI: Other provisions, if any.
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  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.
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