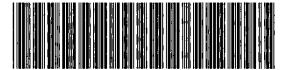
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(F	Requestor's Name)	
(<i>f</i>	Address)	
(A	Address)	
(0	City/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(E	Occument Number)	<u></u> .
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

,

Office Use Only



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16 APR -5 AHII: 20

REBECCA L WRIGHT

941-722-5947 rlw366@gmail.com

P.O. Box 450 Terra Ceia, FL 34250 April 18, 2016

Nadira D McClees-Sams Regulatory Specialist II Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Nadira,

I have corrected the address mistake in Article III and signed the page and enclosed pages 1 and 2 of "Article of Organization for Florida Limited Liability Company".

Please contact me if you may need anything further. Thank you for your heir in this matter.

I apologize for the inconvenience.

Sincerely yours,

Rebecca Wright

Re: Letter Number: 916A00007338

16 APR 21 PN 4: 23

RECEIVED

COVER LETTER

Div	ision of Corporations
SUBJECT:	Raaapo LLC
50202011	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:
1	Rebecca Wright
_	Name of Person
1	Raaapo LLC
-	Firm/Company
1	P.O.Box 450
_	Address
	Terra Ceia, Fl 34250
_	City/State and Zip Code
	lw366@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inf	ormation concerning this matter, please call:
R	tebecca Wright 941 447-0669
_	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Fili	ng Fee \$\ \text{\$130.00 Filing Fee & Certificate of Status} \ \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \ \end{array}

Mailing Address

TO:

Registration Section

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Raaapo LLC			
(Must end v	with the words "Limited Lia	bility Company, "L.L.	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office	e of the Limited Liabil	ty Company is:
<u>Princips</u>	al Office Address:		Mailing Address:
210 7th St W		P.O.Box 4:	50
Unit B		Terra Ceia	
Palmetto, Fl 34221			FL
ADTICLE HIL Danieland And			
(The Limited Liability Company another business entity with an a	cannot serve as its own Registive Florida registration.) address of the registered age	gistered Agent. You m	
(The Limited Liability Company another business entity with an a	cannot serve as its own Registive Florida registration.) address of the registered age	gistered Agent. You m	
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(The Limited Liability Company another business entity with an a	cannot serve as its own Registive Florida registration.) address of the registered age	gistered Agent. You m	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own Registive Florida registration.) address of the registered age Rebecca Wright	gistered Agent. You mi ent are:	ust designate an individual o

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager MGR	Name and Address:
	Rebecca Wright
	P.O.Box 450
	Terra Ceia, Fl 34250
MGR	Robert Zerr
	P.O.Box 450
	Terra Ceia, Fl 34250
	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date an effective date is listed, the date must be spe	of filing: 03/28/2016 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
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an effective date is listed, the date must be spedate of filing.) te: If the date inserted in this block does not redocument's effective date on the Department of TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed.	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as

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)

Rebecca Wright

Page 2 of 2