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17 JAN 20 AM 9: 3 ECRETARY OF STAT BLI AHASSEE FLORI

COVER LETTER

	egistration Section ivision of Corporations	
CUDIFOT	PM SPECIALISTS, LLC	
Name of Limited Liability Company		
The enclose	ed Articles of Organization and fee(s) are sub	omitted for filing.
Please retu	rn all correspondence concerning this matter	to the following:
	RANDALL A. RAUCH	
	N	ame of Person
	F	irm/Company
	290 S.W. 12 AVENUE, SUITE 11	
		Address
	POMPANO BEACH, FLORIDA 33069	
ı	City/S RRAUCH@RAUCHREALTY.COM	tate and Zip Code
<u>-</u>	E-mail address: (to be used for t	uture annual report notification)
For further in	nformation concerning this matter, please call	:
	RANDALL RAUCH 954	703-2324
	Name of Person Area C	Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$ 125.00 Fi	Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Iditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallabasson, El. 32314	Division of Corporations Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

y Company, "L.L.C.," or "LLC.")
the Limited Liability Company is:
Mailing Address:
290 SW 12 AVE., #11
POMPANO BEACH, FL 33069
stered Agent's Signature: red Agent. You must designate an individual or re:

Name

290 SW 12 AVENUE, #11

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

POMPANO BEACH FLORIDA 33069
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

17 JAN 20 AM 9: 27 SECRETARY OF STATE

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	RANDALL A. RAUCH
	290 SW 12 AVENUE, #11
	POMPANO BEACH, FL 33069
MGR	JASON BUTLER
	290 SW 12 AVENUE, #11
	POMPANO BEACH, FL 33069
	
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	date of filing: JANUARY 1, 2017 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
This document is early and aware that any	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
DANIDALI	A. RAUCH, MGR.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)