

2/9/2017

2017-02-09 13:55:46

16082372310 From: CFS-CTSP-BF-BFI Processing Fax

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H17000038764 3)))



H170000387643ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS  
 Account Number : 105256001620  
 Phone : (608)827-5300  
 Fax Number : (608)827-5501

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: agent@bizfilings.com**FLORIDA LIMITED LIABILITY CO.****Rakka LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

17 FEB -9 AM 9:05

FILED

FAX AUDIT #

1417000387643

**ARTICLES OF ORGANIZATION  
OF  
Rakka LLC**

**ARTICLE I NAME**

The name of the limited liability company is: Rakka LLC


**ARTICLE II ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
4222 Shadow Creek Circle, Oviedo, Florida 32765.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature: Mark Williams, A.V.P. Business Filings Incorporated

Date: February 7, 2017

**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:

Victor Vargas Mariano, 4222 Shadow Creek Circle, Oviedo, Florida 32765  
Eduardo Lopez, 4214 Shadow Creek Circle, Oviedo, Florida 32765

FAX AUDIT #

1417000387643

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 FEB -9 AM 9:05

FILED

FAX AUDIT # H17000387443

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

  
Victor Vargas Mariano, Organizer

Date: 02/08/2017

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FAX AUDIT # H17000387443