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COVER LETTER

	lew Filing Section Division of Corporations	
SUBJECT	RACHSAM INTERNATIONAL LLC	
SUBJECT	Name of Limited Liability Company	
The enclos	sed Articles of Organization and fee(s) are submitted for filing.	
Please retu	urn all correspondence concerning this matter to the following:	
	OLUTOBI KOSNOLU	
	Name of Person	
	RACHSAM INTERNATIONAL LLC Firm/Company	
	• •	
	2315 JACKSONBLUFF ROAD, APT 439 G	
	Address	
	TALLAHASSE/FLORIDA 32304	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
	OLUTODI KODAOLU at (850) 3457749	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	; ; ; ; ;
\$125.00	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\text{\$Certified Copy (additional copy is enclosed)}\$	く 27 まれれて
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

RACHSAM INTERNATIONAL LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

INCKSONBLUFF

2315 JACKSON BLUFF ROAD XPT 439G TALLAHASSEE FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MICHAEL S OLAOGUN
Name

1310 RUSSELL STREET, TALLAH ASSEE

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

TALLAHASSEE FLORIDA

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.

gent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	FEYISAYO KODAOLU
	ADT 439 Q TALLAHASSEE FL. 32304
CEO	OLUTOBI KODAOLU
	2216 JACKSON ELUFF RUMD MPT 4299 TALLAHASSEB FL. 32304
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spe	of filing: 04-17-2017 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
the date of filing.) Note: If the date inserted in this block does not not the document's effective date on the Department	neet the applicable statutory filing requirements, this date will not be listed of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Souharbackloss
Signature of a me This document is execu	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes.

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

KODAOLY

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S. OLUTOBI

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)