

L17000089215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

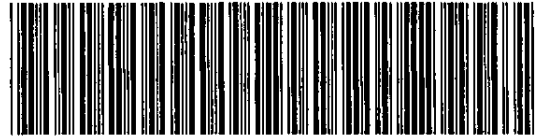
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-027272

04/24/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2017

AMELIA CRUZ
2100 JANER DR.
PASADENA, MD 21122

SUBJECT: RAC OF MARYLAND, LLC
Ref. Number: W17000027272

We have received your document for RAC OF MARYLAND, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 217A00006131



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2017

AMELIA CRUZ
2100 JANER DR.
PASADENA, MD 21122

SUBJECT: RAC OF MARYLAND, LLC
Ref. Number: W17000027272

DEPARTMENT OF CORPORATIONS
INFORMATION SERVICES

17 APR 21 PM 4: 04

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Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 217A00006131

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RAC LLC of MARYLAND
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:

AMELIA A. CRUZ
Name of Person

RAC LLC of MARYLAND
Firm/Company

2100 JANER DR
Address

PASADENA MD 21122
City/State and Zip Code

getbandamy @ verizon . net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMELIA A. CRUZ (443) 325 4935
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Sent already with previous application

Mailing Address
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAC LLC of MARYLAND
(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:

2100 JAMER DR
PASADENA, MD 21122

Mailing Address:

2100 JAMER DR
PASADENA, MD 21122

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:

JOANNA ESPOSITO
Name
7593 GATHERING PRIDE
Florida street address (P.O. Box NOT acceptable)
REUNION FL 34747
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Amelia Cruz - AMBR

2100 JANER DR
PASADENA MD 21122

GELSIMO A. CRUZ - AMBR

2100 JANER DR
PASADENA, MD 21122

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific 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 meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Amelia Cruz

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.

AMELIA A. CRUZ

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)

SECRETARY OF STATE
FALLAHASSEFF, FLORIDA

17 APR 21 AM 8:53

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