

LT Fee 147136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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JUL 10 2017



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07/10/17--01007--004 **160.00

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Signature

Requested by: BA

07/10/17

Name

Date _____

Time

Walk-In

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17 JUN 19 01 1:39

☐ Art of Inc. File _____

☐ LTD Partnership File _____

☐ Foreign Corp. File _____

☒ L.C. File _____

☐ Fictitious Name File _____

☐ Trade/Service Mark _____

☐ Merger File _____

☐ Art. of Amend. File _____

☐ RA Resignation _____

☐ Dissolution / Withdrawal _____

☐ Annual Report / Reinstatement _____

☒ Cert. Copy _____

☐ Photo Copy _____

☐ Certificate of Good Standing _____

☒ Certificate of Status _____

☐ Certificate of Fictitious Name _____

☐ Corp Record Search _____

☐ Officer Search _____

☐ Fictitious Search _____

☐ Fictitious Owner Search _____

☐ Vehicle Search _____

☐ Driving Record _____

☐ UCC 1 or 3 File _____

☐ UCC 11 Search _____

☐ UCC 11 Retrieval _____

Courier

100

(Faint handwritten notes or bleed-through from another page)

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: RAIN I.T. LLC

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:

RANIYAH ZAKY

Name of Person

RAIN I.T. LLC

Firm/Company

242 SW EVERLY AVE

Address

PORT SAINT LUCIE, FL 34983

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANIYAH ZAKY

772

475-3358

at

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)

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:

RAIN LT. 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:

242 SW EVERYLY AVE
PORT SAINT LUCIE, FL 34983

242 SW EVERYLY AVE
PORT SAINT LUCIE, FL 34983

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:

RANIYAH ZAKY

Name

242 SW EVERYLY AVE

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

<u>PORT SAINT LUCIE</u>	<u>FL</u>	<u>34983</u>
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..

RQ3okg
(Registered Agent's Signature (REQUIRED))

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

RANIYAH ZAKY

242 SW EVERYLY AVE

PORT SAINT LUCIE, FL 34983

AMBR

FRANK O. SCHAEFFER

1620 SE GREEN ACRES CIRCLE #N101

PORT SAINT LUCIE, FL 34952

(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:

RZaky

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.

RANIYAH ZAKY

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)