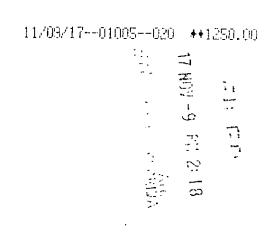
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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T SCHROEDER

COVER LETTER

| | Division of Corporations | |
|---------------|--|---|
| SUBJECT | RAINDANCE PARTNERS, LLC | |
| SUBJECT | Name of | Limited Liability Company |
| The enclos | sed Articles of Organization and fee(s | are submitted for filing. |
| Please rett | irn all correspondence concerning this | matter to the following: |
| | ADRIAN MIDDLETON, ESQ. | |
| | | Name of Person |
| | MIDDLETON & MIDDLETON, P. | Α. |
| | | Firm/Company |
| | 1469 MARKET STREET | |
| | | Address |
| | TALLAHASSEE, FL 32312 | |
| | ADRIAN@FIGHTINGFORALL.CC | City/State and Zip Code |
| | | sed for future annual report notification) |
| For further i | information concerning this matter, ple | ease call: |
| | ADRIAN MIDDLETON | 850 728-2465 (|
| | Name of Person | Area Code Daytime Telephone Number |
| Enclosed i | s a check for the following amount: | |
| \$125.00 F | iling Fee S130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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: | | |
|--|------------------|-----------------------|-------------------|
| RAINDANCE PARTNERS, LLe (Must contain the word | | ability Company, "L.1 | L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the | | | , |
| Principal Office Ac | ddress: | | Mailing Address: |
| 3488 WEST 6285 SOUTH WEST JORDAN, UT 84084 | | <u>SAME</u> | |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serva nother business entity with an active Florid | e as its own R | egistered Agent. You | |
| The name and the Florida street address of the | he registered at | gent are: | |
| ADRIAN | MIDDLETO | N. ESQ. | |
| | N | Vame | |
| 1469 MA | RKET STREE | er | |
| Florida s | street address (| P.O. Box NOT accep | etable) |
| TALLAF | HASSEE | FLORIDA | 32312 |

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

17 KOV -9 STY 2: 18

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Memb | Name and Address: |
|--|--|
| "MGR" = Manager | ж. |
| MGR - Manager | THOMAS PHILLIPS |
| | 3488 WEST 6825 SOUTH |
| | WEST JORDAN, UT 84084 |
| | The Police of City of Control |
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| (Use attachment if necessary) | |
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| ctive date is listed, the date r f filing.) the date inserted in this block nent's effective date on the D E VI: Other provisions, if any. | must be specific and cannot be more than five business days prior to or 90 d does not meet the applicable statutory filing requirements, this date will not be department of State's records. |
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