

U400086067

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.

((H18000109572 3)))



H180001095723ABC0

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 : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : I20030000037
Phone : (561) 835-8500
Fax Number : (561) 650-8530

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

Email Address: rbagatell@shutts.com

**FLORIDA LIMITED LIABILITY CO.
RAS LEGAL GROUP, PL**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

RECEIVED

2018 APR -9 PM 3:06

FLORIDA DEPARTMENT OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

RECEIVED
FLORIDA DEPARTMENT OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

18 APR -9 PM 3:49

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

4/9/2018 12:03:33 PM PAGE 1/001 Fax Server



April 9, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHUTTS & BOWEN LLP OPERATING ACCOUNT

SUBJECT: RAS LEGAL GROUP, PL
REF: W18000033250

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return 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.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H18000109572
Letter Number: 818A00007078

P.O BOX 6327 - Tallahassee, Florida 32314

H18000109572 3

**ARTICLES OF ORGANIZATION FOR FLORIDA
PROFESSIONAL LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Professional Limited Liability Company is:

RAS LEGAL GROUP, PLLC

ARTICLE II - Address

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

Mailing and Street
Address: 6409 Congress Avenue, Suite 100
Boca Raton, FL 33487

ARTICLE III - Registered Agent and Office

The name and the Florida street address of the initial registered agent of the Professional Limited Liability Company are:

| | |
|-------------------|---|
| Registered Agent: | David J. Schneid |
| Street Address | 6409 Congress Avenue, Suite 100 Boca Raton, FL 33487 |

ARTICLE IV - Management

The Professional Limited Liability Company is to be managed by its Manager and is, therefore, a manager managed company.

ARTICLE V - Purpose

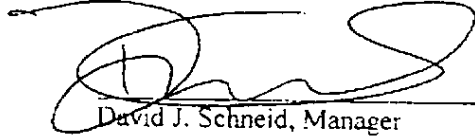
The Professional Limited Liability Company is organized for the following purposes: (i) to engage in every aspect of the practice of law as a professional limited liability company and to carry on services incident purpose to the practice of law; and (ii) to own property, enter into contracts, and to carry on any business necessary or incidental to the accomplishment or furtherance of the purposes and objects of this Professional Limited Liability Company. The practice of law is the sole and exclusive professional service to be rendered by this Professional Liability Company.

[SIGNATURE PAGE FOLLOWS]

H18000109572 3

H18000109572 3

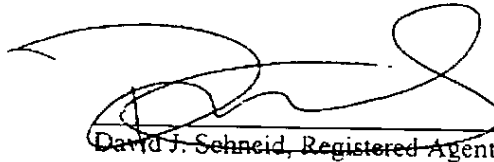
Date: April 6, 2018


David J. Schneid, Manager

(This document is executed pursuant to the provisions of Sections 621.12 and 621.13, Florida Statutes, regarding professional service corporations and limited liability companies, and pursuant to Section 605.0202 (Florida Revised Limited Liability Company Act), and 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 Section 817.155, Florida Statutes.)

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address 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 in Chapter 605, Florida Statutes.


David J. Schneid, Registered Agent

H18000109572 3

WPBDOCS 9531802 1 47229.0001