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D O'KEEFE MAY - 4 2018 April 23, 2018

Florida Dept. of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find cover letter, articles of organization for Florida LLC and a check payable to "Florida Dept. of State" in the amount of \$130.

My contact information is as follows:

John A. Olivo 8701 Piazza Del Lago Bldg. #74, Unit #202 Estero, FL 33928 E-mail – <u>Jolivo613@gmail.com</u> Phone – (973) 725-1800

Please process the articles of incorporation for Florida LLC. The name of the LLC is as follows:

Rapnova, LLC

If you have any questions, or require anything further, please contact me.

Regards,

John A. Olivo

COVER LETTER

	ew Filing Section ivision of Corporations
SUBJECT	. Rapnova, LLC
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	John A. Olivo
	Name of Person
	Firm/Company
	1 iniv Company
	8701 Piazza Del Lago Bldg. #74, Unit #202 Address
	Estero, EL 33928
	City/State and Zip Code
-	Jolivo613@gmail.com E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	John A. Olivo at (973) 725-1800
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$ 125.00 Fi	ling Fee X S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	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

	Rapnov	a, LLC	
(Must contain	n the words "Limited l	Liability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street add	lress of the principal o	ffice of the Limited	Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
8701 Piazza Unit #202		_	
The Limited Liability Company conther business entity with an act	at, Registered Office, annot serve as its own tive Florida registratio	& Registered Agent. Registered Agent. on.)	nt's Signature: You must designate an individual or
RTICLE III - Registered Agen	at, Registered Office, annot serve as its own tive Florida registratio	& Registered Agent. Registered Agent. on.)	nt's Signature:
RTICLE III - Registered Agen The Limited Liability Company conther business entity with an act	at, Registered Office, annot serve as its own tive Florida registratio	& Registered Agent. Registered Agent. on.) dagent are: Olivo	nt's Signature:
RTICLE III - Registered Agen The Limited Liability Company counter business entity with an act	at, Registered Office, annot serve as its own tive Florida registration dress of the registered John A.	& Registered Agent. Registered Agent. on.) dagent are: Olivo Name	nt's Signature: You must designate an individual or
RTICLE III - Registered Agen he Limited Liability Company conther business entity with an act	at, Registered Office, annot serve as its own tive Florida registration dress of the registered John A. 8701 Piazza	& Registered Agent. Registered Agent. on.) dagent are: Olivo Name Del Lago	nt's Signature: You must designate an individual or Bldg. #74, Unit #202
RTICLE III - Registered Agen the Limited Liability Company conter business entity with an act	at, Registered Office, annot serve as its own tive Florida registration dress of the registered John A. 8701 Piazza Florida street addres	& Registered Agent. Registered Agent. on.) diagent are: Olivo Name Del Lago s (P.O. Box NOT a	nt's Signature: You must designate an individual or Bldg. #74, Unit #202
RTICLE III - Registered Agen The Limited Liability Company conther business entity with an act	at, Registered Office, annot serve as its own tive Florida registration dress of the registered John A. 8701 Piazza	& Registered Agent. Registered Agent. on.) diagent are: Olivo Name Del Lago s (P.O. Box NOT a	nt's Signature: You must designate an individual or Bldg. #74, Unit #202

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 AFR 30 AH St 31

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	- 1
AMBR	John A. Olivo
	8701 Piazza Del Lago Bldg, #74
	Unit #202
	Estero, FL 33928
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of	of filing: (OPTIONAL)
effective date is listed, the date must be spec-	cific and cannot be more than five business days prior to or 90 days
te of filing.)	
	eet the applicable statutory filing requirements, this date will not be li
ocument's effective date on the Department of	T State's records.
CLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	

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.

John A. Olivo

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)

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