L19000106371

(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

R KEMPLE



500326162815

19 5** 25 PH 4: 82 FILED
19 6** 25 AM II: 38

•



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838

F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/25/2019		
Name:	Merritt Wa	lker	-
	nce #: 1074		-
Entity N	Name: R	AVENSHILL	HOLDINGS, LLC
V	Articles of Incorporation	/Authorization t	to Transact Business
	Amendment		
	Change of Agent		
	Reinstatement		
	Conversion		
	Merger		
	Dissolution/Withdrawal		
	Fictitious Name		
\checkmark	Other	CERTIFIED CC	OPY OF FILING EVIDENCE
Author	ized Amount: \$15	55	
Signati	ure:	w)	

F: 800.944.6607

COGENCY GLOBAL INC. 10 E 40" ST, 10" FL 11Y, NY 10016 D: +1.212.947.7200 P: 800.221.0102



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/25/2019				
	Merritt V	/alker			
	ce #:107				
Entity Na	ıme:	RAVENSHILL	HOLDINGS, LLC		
-					
√ A	ticles of Incorporati	on/Authorization t	o Transact Business		
A	mendment				
□ C	☐ Change of Agent				
□R	Reinstatement				
_ c	Conversion				
M	☐ Merger				
D	☐ Dissolution/Withdrawal				
☐ Fictitious Name					
Other CERTIFIED COPY OF FILING EVIDENCE					
Authoriz	ed Amount: \$	155			
Signatur	۵.	WAAA)			

COVER LETTER

то:	New Filing Division of	Section Corporations				
SUBJI	· ecr-	Raven	sHill Holding	gs, LLC.		
	u	Name of I	imited Liabil.	ity Compan	y.	
The er	iclosed Article	es of Organization and fee(s)	are submitted	l for filing.		<u>.</u>
Please	return all con	respondence concerning this	matter to the	following:		
			Neel S	Stacy		÷
			Name of	Person		
			Firm/Co	ompany	- · · · · · · · · · · · · · · · · · · ·	
			313 Raven	ishill Way		
			Addi	ress		
			Deland, F	L 32724		
	<u> </u>		City/State ar	•		
			eel.stacy@e			
		E-mail address: (to be us	ed for future	annuai repoi	ri nomican	on)
For furt	her informatic	on concerning this matter, ple	ase call:			
		Neel Stacyat	904		312-42	88
		Name of Person	Area Code	Daytime	: Telephon	e Number
Enclos	sed is a check	for the following amount:				
\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certit	00 Filing Fe ied Copy ial copy is e		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	N D P	fuiling Address ew Filing Section ivision of Corporations O. Box 6327 allahassee, FL 32314			Section l'Corporati	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
	RavensHill H	oldings, LLC.		
(Must cont	in the words "Limited Liabilit		C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal office of	the Limited Liabi	lity Company is:	
Princip	d Office Address:		Mailing Address	<u> </u>
313 Ravenshill Way Deland, FL 32724			313 Ravenshill Way Deland, FL 32724	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own Regist ctive Florida registration.)	ered Agent. You n	gnature: iust designate an indiv	idual or
	COGENC	Y GLOBAL INC.		
	Namo			
	115 North Cal	houn Street, Sui	te 4	
	Florida street address (P.O.	Box <u>NOT</u> accepts	ible)	
	Tallahassee	Florida	32301	
	City 5	State	Zip	
Having been named as registered of place designated in this certificate, further agree to comply with the pr im familiar with and accept the ob-	I hereby accept the appointment ovisions of all statutes relating	nt as registered ago to the proper and o stered agent as pro	ent and agree to act in a complete performance ovided for in Chapter 60	this capacity. 1 of my duties, and 1 05, F.S
•	(CO	NTINUED)		
<u>a</u> .				19 APR 25 AM II:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Neel Stacy 313 Ravenshill Way Deland, FL 32724
	<u> </u>
(Use attachment if necessary)	
If an effective date is listed, the date must be ne date of filing.) <u>Note:</u> If the date inserted in this block does no	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed a
he document's effective date on the Departme RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	rus Se
This document is exc I am aware that any f	member or an authorized representative of a member, seuted praceordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
· · ·	Neel Stacy
· 	Typed or printed name of signer

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)

19 APR 25 AM II: 38