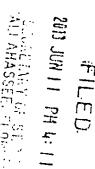
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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VICE THE CHARGATION

ATALL AREASSES FLORIDA

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Raindance Trightim 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:
John M. Hutchinson Jr
8785 Billingsly Rd
Tallahasse Faindance Canil Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn Hatelan at (850) 5286371 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
Abailing Address Street Address

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, F1, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
8785 Billing Rd Tallaham, FU 72307	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	I Agent's Signature: gent. You must designate an individual or
The name and the Florida street address of the registered agent are:	.hs.in
8785 Billingle Florida street address (P.O. Box 2	A R A
Tallabassa F	-C 72308 Zip
laving been named as registered agent and to accept service of process lace designated in this certificate, I hereby accept the appointment as rearther agree to comply with the provisions of all statutes relating to the	for the above stated limited liability company at egistered agent and agree to act in this capacity.

Rogistered Ment's Signature (REQUIRED)

(CONTINUED)

THE LIND GOS

<u>Title:</u> "ANIBR" = Aut	horized Member	Name and Address:
"MGR" = Mana		
		
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LE V: Effective fective date is lis of filing.) If the date inserte ament's effective LE VI: Other pro	date, if other than the dited, the date must be din this block does not date on the Departmentsions, if any. Signature of the This document is a lam aware that any constitutes a third detected.	a member or an authorized representative of a member.

 $\frac{Filing\ Fees;}{\text{5125.00 Filing Fee}\ for\ Articles\ of\ Organization\ and\ Designation\ of\ Registered\ Agent}$

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)