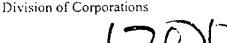
3

Page 1 of 1





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.

(((H200003432063)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800) 221-2972

Fax Number : (917)243-5843

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

Email Address:

FLORIDA LIMITED LIABILITY CO. THE RAPHAEL REMEDY, LLC

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

J. FASON

OCT 0 5 2020

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ly Company is:				
The Raphael Remed (Must end	y, LLC with the words "Limited	Liability Company.	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Address	<u>ş:</u>	
301 Asharoken Ave Northport NY 11765			Asharoken Ave hport NY 11768		
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its own active Florida registratio	Registered Agent. \n.)	nt's Signature: You must designate an indiv	idual or	
	BlumbergExcelsior C		Inc.		
	155 Office Plaza Dri Florida street addres		cceptable)		
	Tallahassee	FL	32301		
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	. I hereby accept the app rovisions of all statutes re bligations of my position	ointment as registers elating to the proper as registered agent t	ed agent and agree to act in and complete performance as provided for in Chapter 60	this capacity. I of my duties, and 🛱	7.1
	Jose Mojie Regist	ca, Asst Se	c.	-2	T
		ered Agent's Signat	ure (REQUIRED)	70 15	i
		(CONTINUED)		PH 12: 1:)
		Page 1 of 2		$_{\mathrm{m}}$ ω	

+17188897420

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Alling Dissignal
AMBR	Allison Ricciardi 301 Asharoken Ave
	Northport NY 11768
	North of N 1 1700
	-
(Use attachment if necessary)	
•	(OPTIONAL)
TICLE V: Effective date, if other than the in effective date is listed, the date must be date of filing.) te: If the date inserted in this block does	e date of filing:
TICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) te: If the date inserted in this block does document's effective date on the Departr	be specific and cannot be more than five business days prior to or 90 days af not meet the applicable statutory filing requirements, this date will not be lister
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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)