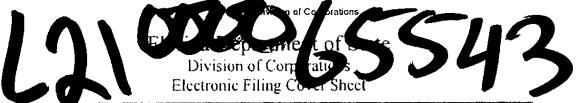
2/16/2021



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.

(((H210000651173)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**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. Rappuhn Hampton, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Rappubn Hampton, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
	401 Pin - Pin (P. P.) - 1 - 1 - 12 - 22540	
421 Pine Bluff Drive, Lutz, FL 33549	421 Pine Bluff Drive, Lutz, FL 33549	_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

	Name	
21 Pinc Bluff Dri	ve	
Clarida street adde	ess (P.O. Box NOT ac	centible)
FIDITUA SUCCI AUUI	ess (1.0. prin 1751 ri	·
Luiz	FI.	33549

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.

Alan Parrigin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

WIFEB 16 AM 10: 20

To: 18506176381

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
NGR	Allan Rappuhn
	421 Pine Bluff Drive
+. +	Luz, Fl. 33549
	The second secon
,,,,,,,,,,	
• • • • • • • • • • • • • • • • • • • •	
(Use attachment if necessary)	
ite of filing.)	ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
CLEVI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	(an Parrigh

2021-02-16 15:16:39 CST

Filing Fees:

This document is executed 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

Typed or printed name of signce

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)

Allan Rappuha