121000235467

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onli	v



400363985074

04/15/21--01026--006 **125.00

TALLAHASSEEL FLORIDA

T. ELECH MAY 21 2021

COVER LETTER

	Filing Section on of Corporations
SUBJECT: _	RAG-A-LOT
	Name of Limited Liability Company
The enclosed A	rticles of Organization and fee(s) are submitted for filing.
Please return al	l correspondence concerning this matter to the following:
	Jonathan Pierre
	Name of Person
	Firm/Company
	1217 Fd D- #1051
	1317 Edgewater Dr. #4051 Address
	Orlando, FL 32804
	City/State and Zip Code Ray of the Company of the
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call;
J	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a cl	neck for the following amount:
\$125.00 Filing	Fee \$\int_{\text{S130.00 Filing Fee}} \& \text{S155.00 Filing Fee} & \text{Certified Copy} & Cer
	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

ARTICLE I - Name:

The name of the Limited Liability	Company is:					
	Ray-	A-L	ot LLC			
(Must conta	in the words "Limited"	Liability Comp	any, "L.L.C.," or "LI.	.C.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Lir	nited Liability Compa	iny is:		
Principal Office Address:			Mailing Address:			
1317 Edger Orlando Fl	vater Dr. #4 32804	<u>105 j</u>	2025 Grun Apt 920B Orlando, Fi	nd Brock Cir 6 32810	<u>: :!e</u>	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act The name and the Florida street ac	cannot serve as its own ctive Florida registration	Registered Agon.)		ute an individual or	2121.422.15	,
	Kelly Miller				<u> </u>	:
	Name				Сh	
	1317 Edgew	ater Dr		<u> </u>	P::	:]
	Florida street addres		OT acceptable)	SSEE, FLORIOA	PH 2: 2	C3
	Orlando, Fl	L 32804	11			
	City	State	Zip			•
Having been named as registered ag olace designated in this certificate, l further agree to comply with the pro am familiar with and accept the obli	hereby accept the apportisions of all statutes regations of my position	ointment as reg elating to the p as registered a	istered agent and agre roper and complete pe gent as provided for in gnature (REQUIRED	ee to act in this capa rformance of my du Chapter 605, F.S	icity. I	

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized !	Name and Address:
"MGR" = Manager $\frac{M}{M} \left(\sum_{i \in A} A_{i} \right)$	Jonathan Pierre 2024 Grand Brown Circle apt 920B Orlando, FL 32810
	FALLANDER TO THE SEE
	
(Use attachment if neces FICLE V: Effective date, if of in effective date is listed, the of date of filing.)	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90 days after
te: If the date inserted in this l	lock does not meet the applicable statutory filing requirements, this date will not be listed be Department of State's records.
TICLE VI: Other provisions, il	any.
REOUIRED SIGNATU	RE: Onatrion Parce
	1) onchion ton
This doc I am awa	nature of a member or an authorized representative of a member. ument is executed in accordance with section 605.0203 (1) (b). Florida Statutes, re that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.
	Typed or printed name of signer
_	Typed or printed name of signee

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)