Division of Corporations Electronic Filing Cover Sheet

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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. RACHEL GOLDSTEIN, L.L.C.

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	DT.	16"	LE	1 - No	

The name of the Limited Liability Company is:

#### RACHEL GOLDSTEIN, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LL.C.")

#### ARTICLE II - Address:

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

#### Principal Office Address:

### Mailing Address:

840 Broken Sound Parkway MW #102	840 Broken Sound Parkway NW #102
Boca Raton FL 33487	Boca Raton Fl. 33487

## 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

RACHEL GOLDSTEIN	
------------------	--

Name

\$40 Broken Sound Parkway NW #102

Florida street address (P.O. Box NOT acceptable)

Boca Raton	FL	33487
City	State	Zip

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..

# rachel goldstein

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CONTROL OF SECTION

Title:	North and an I N form how	Name and Address:
	Authorized Member	
"MGR" = M AMBR		RACHEL GOLDSTEIN
7 COURT		840 Broken Sound Parkway NW #102
		Boca Raton FL 33487
(Use attachn	ient if necessary)	
CLE V: Effective date is to of filing.)  If the date insecument's effect	ve date, if other than the date listed, the date must be spe	rect the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date is to of filing.) If the date insecument's effective CLE VI: Other	ve date, if other than the date is listed, the date must be specified in this block does not make date on the Department of provisions, if any	ecific and cannot be more than five business days prior to or 90 days at sect the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date is to of filing.) If the date insecument's effective CLE VI: Other	ve date, if other than the date clisted, the date must be spected in this block does not make date on the Department of provisions, if any	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be listered State's records
CLE V: Effective date is to of filing.) If the date insecument's effective CLE VI: Other	ve date, if other than the date clisted, the date must be specified in this block does not make date on the Department of provisions, if any  2 SIGNATURE:  rachel gold  Signature of a me This document is execut I am aware that any take	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be listered State's records

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)