

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP Account Number : 12020000009 Phone : (954)544-1000 : (954)678-4500 Fax Number

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

HELLO@JTAXCORP.COM Email Address:

FLORIDA LIMITED LIABILITY CO. RAFFL'S CONSULTING LLC

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

Electronic Filing Menu

Corporate Filing Menu



To;

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liabili | ty Company is: | | | |
|---|---------------------------------------|----------------------------|--------------------|-------------|
| RAFFL'S CONSULTI (Must con | NG LLC tain the words "Limited Lia | ability Company, "L.L | C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal offi | ce of the Limited Liab | oility Company is: | |
| Princip | oal Office Address: | | Mailing Addres | <u>s</u> : |
| 12800 CYPRESS CAP FORT MYERS FL 33 | E CIR UNIT 234 81 WEST 1966 | SAME - | | |
| ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an | y cannot serve as its own R | egistered Agent. You | | ridual or |
| The name and the Florida street | address of the registered a | gent are; | | 2022 |
| | JTAX (| CORP | | OPPER T |
| | 1 | Name | | <u> </u> |
| | 23123 STATE ROAD 7 S | TE 315 | | FEBILI PMI |
| | Florida street address (| P.O. Box <u>NOT</u> accept | table) | OF STA |
| | BOCA RATON | FL | 33428 | Sign Sign |

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

From: Jtax Corp

Ax: 19546784500

To:

Fax: (850) 617-6381

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02/11/2022 2:25 PM

| Title: "AMBR" = Authorized Members "MGR" = Manager | Name and Address: |
|---|--|
| AMBR | ARLON CARLOS MENEZES OLIVEIRA 12800 CYPRESS CAPE CIR APT 234 81 WEST FORT MYERS FL 33966 |
| | |
| | 122 FE |
| | |
| | -0 P |
| | A STA |
| | <u> </u> |
| (Use attachment if necessary) | |
| | |
| - | n the date of filing: (OPTIONAL) |
| RTICLE V: Effective date, if other that an effective date is listed, the date me date of filing.) | n the date of filing: |
| RTICLE V: Effective date, if other that an effective date is listed, the date me date of filing.) ote: If the date inserted in this block of document's effective date on the De | ust be specific and cannot be more than five business days prior to or 90 days afte loes not meet the applicable statutory filing requirements, this date will not be listed |
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| an effective date, if other that an effective date is listed, the date is date of filing.) ote: If the date inserted in this block is document's effective date on the De | ust be specific and cannot be more than five business days prior to or 90 days afte loes not meet the applicable statutory filing requirements, this date will not be listed |

Filing Fees:

NIRVANDO COLARES BATISTA Typed or printed name of signee

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

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