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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: New Filing Division of	Section Corporations			
cup incr.	Rain	and Su	n LLC	
SUBJECT:	Name of Li	mited Liabilit	y Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted	for filing.	
Please return all corre	espondence concerning this m	atter to the fo	ollowing:	
	Sally	Beth Ho	off, Trustee	
Keep M	-	_	ust Dated Ma ents thereto	arch 21, 2022 and
	66	648 Dell	ni Drive	
		Addre	SS	
		<u> </u>	da 32583	
		City/State and	Clip Code	
	E-mail address: (to be used			ion)
For further information	concerning this matter, pleas	e call:		
Sally	/ Beth Hoff	850	776-3	897
N	··	rea Code	Daytime Telephon	e Number
Enclosed is a check for	or the following amount:			
(AS125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address		Street Address	
	v Filing Section Ision of Corporations		New Filing Section Di The Centre of Tallaha	
P.O	. Box 6327 lahassee, FL 32314		2415 N. Monroe Stre Fallahassee, FL 3230	- 1-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Rain and	Sun LLO	
(Must conta	in the words "Limited Liabili	y Company, "1	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal office o	f the Limited L	iability Company is:
Principa	l Office Address:		Mailing Address:
6648 Delhi Drive	e Milton, FL 32 <u>5</u> 8	3 664	8 Delhi Drive Milton, FL 3258
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Regist ctive Florida registration.)	ered Agent. Yo	
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Regist ctive Florida registration.) ddress of the registered agent	ered Agent. Yo	ou must designate an individual or
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Registerive Florida registration.) ddress of the registered agent Sally Nam	ered Agent. Yo are: Beth Ho	ou must designate an individual or
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Registerive Florida registration.) ddress of the registered agent Sally Nam	ered Agent. Yo are: Beth Ho	ou must designate an individual or
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Registerive Florida registration.) ddress of the registered agent Sally Nam 6648 [Florida street address (P.O.	are: Beth Ho Color Delhi Driv	ou must designate an individual or
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its own Registerive Florida registration.) ddress of the registered agent Sally Nam 6648 [ered Agent. Yo are: Beth Ho : Delhi Driv	ou must designate an individual or ff Ve

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..

Registéred Agent's Signature (REQUIRED

(CONTINUED)

"MGR" = Manager	"MGR" = Manager	, ,
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: (OPTIONAL) Feetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a fiember or an authorized representative of a member. 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 constitutes a third degree felony as provided for in s.817.155, F.S.	_	
(Use attachment if necessary) .E. V: Effective date, if other than the date of filing:	MGK	<u> </u>
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Definition, musice of Need Michael Forward Figure Hast dated March 21, sock and any amendin	EV: Effective date, if other than the date of filing.) The date inserted in this block does not me ment's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	the and cannot be more than five business days prior to or 90 day bet the applicable statutory filing requirements, this date will not be less that it is records. There or an authorized representative of a member, it is accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State
Typed or printed name of signee	JEV: Effective date, if other than the date of fective date is listed, the date must be specifiling.) The date inserted in this block does not me ment's effective date on the Department of J.E. VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false is constitutes a third degree for the specific provisions.	the applicable statutory filing requirements, this date will not be less that a seconds. There or an authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State clony as provided for in s.817.155. F.S.
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S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not me ment's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false is constitutes a third degree for Beth Hoff, Trustee of Keep Moving For	the applicable statutory filing requirements, this date will not be State's records. Ther or an authorized representative of a member, d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State clony as provided for in s.817.155, F.S. Tryped or printed name of signee Filing Fees:

ARTICLE IV-