LDD-000 272426

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

Office Use Only



600388835206

06/14/22--01084--018 **125.00

ALLAHASSEE, FLORI

972 IIIW II. Du S

ZUZZ JUNITA AM

IN 14 ANTI:

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RAJ STORE 23, LI	LC		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
·· -			-
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Photo Copy Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search 5
			Fictitious Search
Signature		·	Fictitious Owner Search
Ü			Vehicle Search
			Driving Record
Requested by: SETH	06/13/22		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
,	Date	11110	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

то:	New Filing Section Division of Corporations					
SUBJI	RAJ STORE 23, LLC					
3000		me of Limited Lia	bility Company			
The en	closed Articles of Organization and	I fee(s) are submit	ted for filing.			
Please	return all correspondence concerni	ng this matter to th	e following:			
	Matthew Flores					
		Name	of Person	 -	-	
	Law Office of Matthew P. Flo	ores				
	Firm/Company					
	1333 Third Avenue South, Suite 505					
		Ad	dress		1	
	Naples, Florida, 34102					
	matt@naplesbaylaw.com	City/State	and Zip Code		~>	
		be used for futur	e annual report notification)	<u> </u>	022	
For furthe	er information concerning this matt		,,	<u>4,</u> 23.	2022 JUN 14	-· -
	Matthew Flores 239 261-0592		55 207	-	ſ	
		at (_)		AH	
	Name of Person	Area Code	Daytime Telephone Number		AH II: 5	<u></u>
Enclose	d is a check for the following amou	nt:		٠,	C	
■\$125.	.00 Filing Fee \$130.00 Filin Certificate of St	tatus Certi	fied Copy Certifi nal copy is enclosed) Certifi	0.00 Filing Fee, icate of Status & ed Copy all copy is enclose.	ed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	0		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
RAJ STORE 23, 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:					
5280 BOXWOOD WAY	5280 BOXWOOD WAY					
Naples, Florida, 34116	Naples, Florida, 34116					
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:						
The name and the Frontal Sheet address of the regimered agent a						
Matthew P. Flores Law, PLL	.C					
Name						

1333 Third Avenue South, Suite 505
Florida street address (P.O. Box NOT acceptable)

Naples Florida 34102
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2822 JUN 14 AM 11: 58

JUNIU AMILIA

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

BZZ JUNIL AHII: