

L22000359685

(Requestor's Name)

(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



500392244025

08/16/22 10:19:10 AM \$475.00

S. CHATHAM
AUG 17 2022

RECEIVED
2022 AUG 17 PM 3:50
TALLAHASSEE, FLORIDA

FILED
2022 AUG 17 PM 4:12
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/17 DANNY

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

LLC

1. **RAFFA CO. LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

FILED
AUG 17 PM 4:12
TALLAHASSEE, FL
CLERK OF COURT
JENNIFER A. STINE

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Raffa Co. LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Olivia Raffa
Name of Person
Raffa Co. LLC.
Firm/Company
3521 W. Hillsboro Blvd #J210
Address
Coconut Creek, FL 33073
City/State and Zip Code
raffa@ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

____ at (____) ____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
DIVISION OF CORPORATIONS
JAN 17 PM 4:12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Raffa Co. 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:

3521 W. Hillsboro Blvd #5210
Coconut Creek, FL
33073

Mailing Address:

3521 W. Hillsboro Blvd #5210
Coconut Creek, FL
33073

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:

Olivia Raffa
Name

3521 W. Hillsboro Blvd #5210

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

Coconut Creek, FL 33073

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.

Olivia Raffa

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2017 JUN 17 PM 4:12

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Pres

Olivia Raffa
3521 W. Hill Street, #210
Cocoa Creek, FL 33073

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/17/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Olivia Raffa

Signature of a member 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.

Olivia Raffa

Typed or printed name of signer

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)

FILED
2022 AUG 17 PM 4:12
CLERK OF THE
SOLICITOR
GENERAL'S
OFFICE
TALLAHASSEE, FL