

L23000241187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

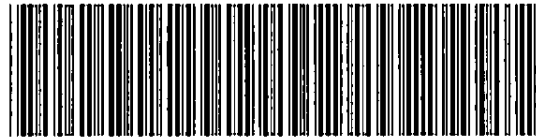
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2023 MAY 16 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$160.00

Authorization Signature: _____:

James L. L. L.

RAIM HOLDINGS LLC

BUSINESS NAME

DOCUMENT #

X Copy of Articles of Organization

X Certificate of Status

NEW FILINGS

___ Profit Corp

___ Not for Profit

X **Limited Liability**

___ Domestication

___ Other

___ CORP

___ LLLP

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Revocation of Dissolution

___ Merger

___ Articles of Conversion

___ Amended and restated Articles

___ Statement of Authority

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OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTILLE

___ Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

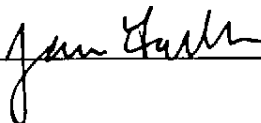
TALLAHASSEE, FL 32309

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TALLAHASSEE, FL

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___ Limited Partnership

___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: RAIM HOLDINGS 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:

Roberto C. Cendejas

Name of Person

Firm/Company

6850 State Road 544 E

Address

Haines City, Florida 33844

City/State and Zip Code

recendejas72@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto C. Cendejas

407

466-0372

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAIM HOLDINGS 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:

6850 State Road 544 E
Haines City, Florida 33844

Mailing Address:

6850 State Road 544 E
Haines City, Florida 33844

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:

Roberto C. Cendejas

Name

6850 State Road 544 E

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

Haines City

Florida

33844

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)

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FALL COUNTY
CLERK'S OFFICE

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Roberto C. Cendejas, Trustee of the Roberto C. Cendejas
Living Trust Agreement dated May 15, 2023
6850 State Road 544 E., Haines City, Florida 33844

AMBR

Roberto C. Cendejas, Trustee of the Roberto C. Cendejas
Living Trust Agreement dated May 15, 2023
6850 State Road 544 E., Haines City, Florida 33844

MGR

Maria Cendejas, Trustee of the Maria Cendejas Living
Trust Agreement dated May 15, 2023
6850 State Road 544 E., Haines City, Florida 33844

AMBR

Maria Cendejas, Trustee of the Maria Cendejas Living
Trust Agreement dated May 15, 2023
6850 State Road 544 E., Haines City, Florida 33844

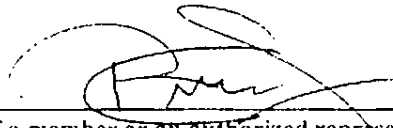
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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.

Roberto C. Cendejas

Typed or printed name of signee

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)

23 MAY 16 PM 3:01
SECRETARY OF STATE
FLORIDA