

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.
 Account Number : I20200000174
 Phone : (239)262-5303
 Fax Number : (239)262-6030

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

Email Address: jasmin@ssiats.com

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Raginasa, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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T. J. H
11/7/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Raginasa, 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:

Conrad Willkomm, Esq.
Name of Person
Law Office of Conrad Willkomm, P.A.
Firm/Company
3201 Tamiami Trail North, 2nd Floor
Address
Naples, Florida 34103
City/State and Zip Code
conrad@swfloridalaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Conrad Willkomm, Esq. 262 262-5303
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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Raginasa, LLC

(Must end with 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:

4171 Boatways Road
Fort Myers, FL 33905

Mailing Address:

1342 Colonial Blvd, Suite D-28
Fort Myers, FL 33907

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:

SSI Accounting and Tax Service, Inc.

Name

1342 Colonial Blvd, Suite D-28

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

Fort Myers Florida 33907

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.

Jasmin Schmitz

Jasmin Schmitz (Nov 7, 2023 16:14:57)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Alvega Corporation, a Florida corporation

1342 Colonial Blvd, Suite D-28

Fort Myers, FL 33907

(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.

This is a manager managed company. Any manager may take any action on behalf of the company without consent of the members or other manager(s).

REQUIRED SIGNATURE:



Dr. Rolf Lohbeck (Nov 3, 2023 10:26 AM EST)

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.

Dr. Rolf Lohbeck

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)

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