

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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 FLORIDA LIMITED LIABILITY CO.

Raginasa, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

Fax: 12392626030

COVER LETTER

TO:	Registration Section Division of Corporations
CUDIE	Raginasa, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn 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
Encios e d	is a check for the following amount:
	Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) 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

2023 NOV -6 PH 4: 56



Fax: 12392626030

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Raginasa, LLC	
(Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")
FICLE II - Address:	
mailing address and street address of the principal offi	ice of the Limited Liability Company is:
mailing address and street address of the principal offi <u>Principal Office Address</u> :	ice of the Limited Liability Company is: <u>Mailing Address</u> :
-	

The name and the Florida street address of the registered agent are:

City	State	7in
Fort Myers	Florida	33907
Florida street addre	ss (P.O. Box <u>NOT</u> acc	ceptable)
1342 Colonial Blvd	, Suite D-28	
	Name	
SSI Accounting and	Tax Service, Inc.	

Hoving 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.

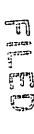
Jasmin Schmidz
Jasmin Schmid (1902), 2021 (8:14 5:21)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Alvega Corporation, a Florida corporation
	1342 Colonial Blvd, Suite D-28 Fort Myers, Et. 33907
	Fort Myers, FL 33907
	\$
(Use attachment if necessary)	
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