

# L24000053828

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

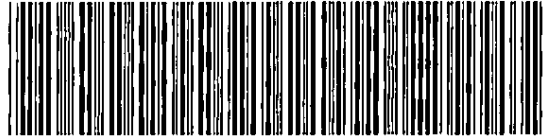
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12/28/23

**COVER LETTER**

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

**SUBJECT:** RAGY CP, 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:

Yesenia Gonzalo

\_\_\_\_\_  
Name of Person

RAGY CP, LLC.

\_\_\_\_\_  
Firm/Company

PO Box 951120

\_\_\_\_\_  
Address

Lake Mary, FL 32795

\_\_\_\_\_  
City/State and Zip Code

yesenia.gonzalo@gmail.com

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

For further information concerning this matter, please call:

Yesenia Gonzalo                      201                      602-0332  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RACY CP, 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:

745 Palmer Ct, Lake Mary, FL 32746

Mailing Address:

PO Box 951120, Lake Mary, FL 32795

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:

Yesenia Gonzalo

Name

745 Palmer Ct.

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

Lake Mary

FL

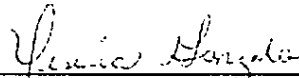
32746

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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**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:**

Yesenia Gonzalo MGR

Yesenia Gonzalo - MGR  
745 Palmer Ct., Lake Marv. FL 32746

Gerardo Gonzalo - MGR

Gerardo Gonzalo - MGR  
745 Palmer Ct. Lake Marv. FL 32746

Ricardo Gonzalo - AME

Ricardo Gonzalo - AMBR  
745 Palmer Ct. Lake Marv. FL 32746

Adriana Gonzalo - AME

Adriana Gonzalo - AMBR  
745 Palmer Ct. Lake Marv. FL 32746

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 15, 2024. (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.

N/A

**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.

Yesenia Gonzalo  
\_\_\_\_\_  
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)