

L24000329817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

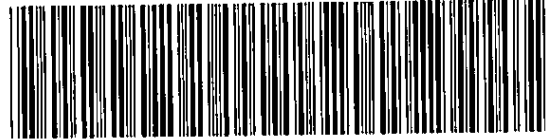
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FL



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 07/30/24
Order #: 1578820-1
Re: RAE PARTNERS PRODUCTIONS LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: RAE PARTNERS PRODUCTIONS 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:

KATHY SACHELI
Name of Person

DAY PITNEY LLP
Firm/Company

263 TRESSER BLVD.
Address

STAMFORD, CT 06901
City/State and Zip Code

TIMMINGES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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DIVISION OF STATE
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

KATHY SACHELI at (203) 977-7308
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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAE PARTNERS PRODUCTIONS 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:

Mailing Address:

105 GOLDFISH LANE
JUPITER, FL 33477

4300 S. US HWY 1
STE. 203-179
JUPITER, FL 33477

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:

TIMOTHY E. MINGES
Name
4300 S. US HWY 1, STE. 203-179
Florida street address (P.O. Box **NOT** acceptable)
JUPITER, FL 33477
City State Zip

CLERK OF STATE
TALLAHASSEE, FL

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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.

X DocuSigned by:
Timothy E. Minges
0B5FEB5BE8324FF
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ALLA MISS. FL