

8/30/24, 9:23 AM

Division of Corporations

Florida Department of State

**L2400038545**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP  
Account Number : 120100000009  
Phone : (305)599-0839  
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FLORIDA LIMITED LIABILITY CO.  
RAA NEW HOME LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAA NEW HOME 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:

340 N JINETE ST  
CLEWISTON, FL 33440

Mailing Address:

PO BOX 3416  
CLEWISTON, FL 33440

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:

YAI DELYN ARTEAGA PALACIOS

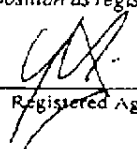
Name

340 N JINETE ST

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

<u>CLEWISTON</u>	<u>FLORIDA</u>	<u>33440</u>
City	State	Zip

Having been named as registered agent and in 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:**

AMBR

YADELYN ARTEAGA PALACIOS  
340 N JINETE ST  
CLEWISTON, FL 33440

AMBR

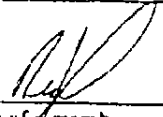
RUBEN ARZOLA CARABALLO  
340 N JINETE ST  
CLEWISTON, FL 33440

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: AUGUST 29, 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.  
NONE

**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.

RUBEN ARZOLA CARABALLO

Typed or printed name of signee

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