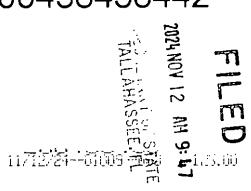
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wkopez@aisincfl.com Website: www.aisincfl.com

NAME OF ENTITY	
Rack Roofing, LLC	
FOR OFFICE USE ONLY	
PICK ONE: CERTIFIED COPY XX PHOTOCOPYC.U.S. AN SSEE STREET OF THE CONTROL OF THE CONTR	T
CERTIFIED COPY XX_PHOTOCOPYC.U.S.	ī
FILING:	£
CORPORATION XX LLC LIMITED PARTNERSHIP GENERAL PARTNERSHIP	
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT	
FOREIGN QUALIFICATIONJUDGMENT LIEN	
OTHER	
RETRIEVAL:	
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY	
Of	
APOSTILLE/NOTARY CERTIFICATION REQUEST:	
Country	
Amount of Documents	
DATE 11/12/24 TIME	
Notes:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rack Roofing, LLC				
<u>`</u>	ain the words "Limited	Liability Company	; "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Limite	d Liability Company is:	
Principal Office Address:			Mailing Address:	
153 NW 16th St. Boca Raton, FL 334	32	Sai	me	_
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its ow active Florida registrati	n Registered Agent on.)	. You must designate an individual or ==	2024 NOV 12 AM
	Jeese Rack			15 S
		Name	÷	M 9: 47
	153 NW 16th St.		_	語
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)	
	Boca Raton	FI,	33432	
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
<u>M</u> GR	Jeese Rack 153 NW 16th St. Boca Raton, FL 33432
MGR	John Rack 153 NW 16th St. Boca Raton, FL 33432
	20:
	TALLAH
(Use attachment if necessary)	12 AM S
CLE V: Effective date, if other than the date effective date is listed, the date must be	ate of filing:
	t meet the applicable statutory filing requirements, this date will not be list
cument's effective date on the Departmen	nt of State's records.
CLE VI: Other provisions, if any.	

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.

Jesse Rack

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)