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| (Requestor's Name) | | | | | |
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| (City | y/State/Zip/Phon- | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL MAIL | | | |
| (Bu: | siness Entity Nar | me) | | | |
| (Do | cument Number) | | | | |
| Certified Copies | Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2013

DREXEL OWENS 1860 BROOKSTONE DRIVE MONTGOMERY, AL 36117

SUBJECT: RAIRVUE SERVICES, LLC

Ref. Number: W13000041046

We have received your document for RAIRVUE SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 713A00017698

CR2E027 (9/10)

COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

SUBJECT: Rairvue Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

| Drexel Owens | | | | | |
|---|--|--|--|--|--|
| Name of Person | | | | | |
| Rairvue Services, LLC | | | | | |
| Firm/Company | | | | | |
| 1860 Brookstone Drive | | | | | |
| Address | | | | | |
| Montgomery, Alabama 36117 | | | | | |
| City/State and Zip Code | | | | | |
| drexel.owens@outlook.com | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Drexel Owens 334 315-5593 | | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| ■ \$125.00 Filing Fee | | | | | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | Rairvue Services, LLC | | |
|-------------|---|---------|---|
| 1. | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | | |
| Cor | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writesent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.") | itten | |
| | Alabama 3 | | |
| | May 29, 2013 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") | ~3 | |
| 6. | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | | |
| 7. | 1860 Brookstone Drive | 29 A | 1 |
| | Montgomery, Alabama 36117 (Street Address of Principal Office) | 4 6 段 | |
| 8. | If limited liability company is a manager-managed company, check here | Đ | |
| 9. | The name and usual business addresses of the managing members or managers are as follows: | | |
| | Drexel Owens, 1860 Brookstone Dr, Montgomery, AL 36117 | | |
| | Cindy Owens, 1860 Brookstone Dr, Montgomery, AL 36117 | | |
| the tran | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recojurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, and aslation of the certificate under oath of the translator must be submitted.) | ords in | ı |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: contract services | | |
| | and consulting for rental property management | | |
| | Signature of almember or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the | | |
| | penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a | | |

Typed or printed name of signee

Drexel J. Owens

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| _ | of the Limited Liability Company Services, LLC | is: | |
|----------------|--|-------------------------------------|---------|
| If unavailable | e, the alternate to be used in the star | te of Florida is: | |
| 2. The name | and the Florida street address of th | ne registered agent and office are: | |
| | Garth D. Bonney, | Esq. | |
| | | (Name) | |
| | 445 Grace Avenue | е | |
| | Florida Street Address | (P.O. Box NOT ACCEPTABLE) | |
| | Panama City | _{FL} 32401 | # SILV. |
| | | City/State/Zip | 最后を |

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Beth Chapman Secretary of State

P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Rairvue Services, LLC was formed in Montgomery County, Alabama on May 29, 2013. The Alabama Entity Identification number for this entity is 276-494. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20130703000001798

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

7/3/2013

Date

Beth Chapman

Beth Chapman

Secretary of State