## L03000004116

•			
(Re	Christi 6210 C Rockle	ine Rayner Lapstan Ct edge FL 3295	55-5753
(Ad	dress)		
(Cit	y/State/Z	ip/Phone #	)
PICK-UP	☐ WAIT		MAIL
(Bu	siness E	ntity Name)	
(Do	cument l	Number)	
Certified Copies	_ Ce	rtificates of	Status
Special Instructions to I	Filing Off	icer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ANTICOE I - Maine.
The name of the Limited Liability Company is:
Rayner Studios, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  6210 Capstan Court  ROCKIEDAE, FL 32955  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Rusty Ralph Reuben Rayner II
6210 Capstan Court Florida street address (P.O. Box NOT acceptable)
Rockledge FL 32955 City, State, and Zip
City, State, and 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 60% Fig.  Registered Agent's Signature  (An additional article must be added if an effective date is requested)  Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Christine M. Rayner Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)