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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 SECRETARY OF STATE
TALL AHASSEE, FLORIDA

## LIMITED LIABILITY COMPANY

## RAYMOND D. STRAIT, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$155.00

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12/200

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Pursuant to s.608.407, Florida Statutes)

ARTICLE I - NAME

The name of the Limited Liability Company is:

Raymond D. Strait, LLC

**ARTICLE II - ADDRESS** 

The mailing and street address of the principal office is:

7229 Jasmine Blvd Port Richey, FL 34668

ARTICLE III - REGISTERED AGENT

The name and address of the registered agent are:

Raymond D. Strait 7229 Jasmine Blvd Port Richey, FL 34668

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 F.S.

Signature of Registered Agent

12/11/03

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

Raymond D. Strait 7229 Jasmine Bvld Port Richey, FL 34668

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 within are true.

Signature of Member/Manager

13/11/03