L04000002010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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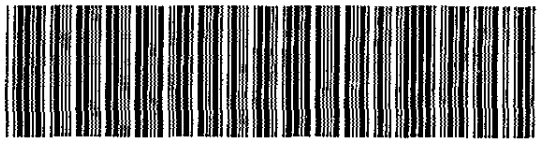

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TALLAHASSEE, FLORIDA

L04-2010
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tom Rayman's Restoration Services LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tom Rayman
(Name of Person)

Tom Rayman's Restoration Services
(Firm/Company)

807 Wells dr.
(Address)

S. Daytona Beach FL. 32119
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Rayman at (386) 566-4093
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Tom Rayman's Restoration Services LLC

ARTICLE II - Address
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
807 Wells dr	Same
S. Daytona Beach	
FL. 32119	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Tom Rayman
Name

807 Walls dr.
Florida street address (P.O. Box NOT acceptable)

S. Daytona Beach FLORIDA 32119
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 608, Florida Statutes.

M. T. Kay
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Tom Rayman 807 Wells Dr. S. Daytona Beach FL 32119
MGRM	Lynda Rayman 807 Wells dr S. Daytona Beach FL 32119

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

M. T. Ray

Signature of a member or an authorized representative of a member

(In accordance with section 608.4081(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

M. T. RAYMAN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)