

L04000035691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies

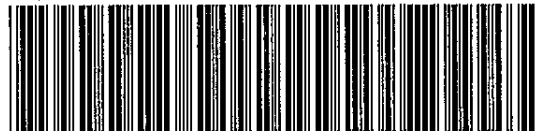
X

Certificates of Status

X

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12-11-021

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLAIMES CONSULTANTS 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:

William A. Raymond  
(Name of Person)

CLAIMES CONSULTANTS LLC  
(Firm/Company)

ONE WYLDWOOD LANE  
(Address)

PERRY FL. 32347  
(City/State and Zip Code)

For further information concerning this matter, please call:

William A. Raymond at ( 850 ) 385-5612  
(Name of Person) (Area Code & Daytime Telephone Number)

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**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

**LIMITED LIABILITY COMPANY**

**ARTICLES OF ORGANIZATION**

**First:** The name of the limited liability company is CLAIMES CONSULTANTS LLC.

**Second:** The address of its registered office in the state of Florida is One Wyldswood Lane in the city of Perry. The name of the registered agent at such address is William A. Raymond.

**Third:** The company shall be managed by Members. The names and addresses of Members are as follows:

Peggy Wylds Bowen  
One Wyldswood Lane  
Perry, Florida 32347

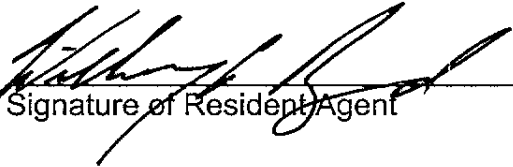
William Arthur Raymond  
280 John Knox Road 109  
Tallahassee, FL 32303

**Fourth:** Company shall engage in providing professional services and other lawful business activities as shall be determined by the Members.

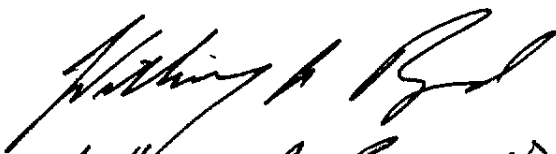
**Fifth:** The Members have not addressed additional matters.

**Sixth: Certificate of Acceptance of Appointment of Resident Agent:**

I, William A. Raymond, hereby accept appointment as Resident Agent for the above named limited liability company.

  
\_\_\_\_\_  
Signature of Resident Agent

5-11-04  
Date

  
William A. Raymond  
MEMBER/Authorized Representative

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