

L04000036083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

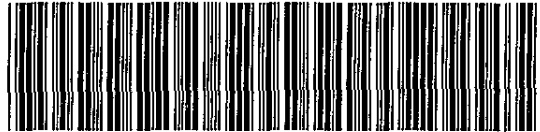
Special Instructions to Filing Officer:

per Meg Edwards - 5-504
change name to Raw Associates, L.L.C.

2827-676

W04-16515

Office Use Only



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04/26/04--01005--007 **46.25

02/27/04--01046--020 **78.75

04 MAY 11 PM 6:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
AND
MAILED

VB
5-12-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAW ENTERPRISES, L.L.C.
(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:

JACK S. KEYSTONE, CPA

(Name of Person)

KEYSTONE, STEINBERG & COMPANY

(Firm/Company)

1720 HARRISON STREET 7B

(Address)

HOLLYWOOD, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD A. WOLFE

(Name of Person)

at (

561)

(Area Code & Daytime Telephone Number)

306-5457 RAW
330-7599

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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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 29, 2004

JACK S. KEYSTONE, CPA
KEYSTONE, STEINBRERG & CO
1720 HARRISON ST 7B
HOLLYWOOD, FL 33020

SUBJECT: RAW ENTERPRISES, L.L.C.
Ref. Number: W04000016575

We have received your document for RAW ENTERPRISES, L.L.C. and your check(s) totaling \$46.25. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$78.75.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 704A00029073

AND
FILED
04 MAY 11 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAW Associates, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5840 Via DeLaPlata Circle

Delray Beach, FL 33484

Mailing Address:

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

RICHARD A. WOLFE
Name

5840 Via DeLaPlata Circle
Florida street address (P.O. Box NOT acceptable)

Delray Beach FLORIDA 33484
City, State, and Zip

FILED
04 MAY 11 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..


Registered Agent's Signature

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:

Manager

Richard A. Wolfe

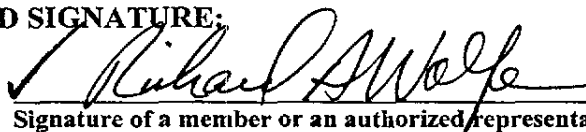
5840 Via DeLaPlata Circle

Delray Beach, FL 33484

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Richard A. Wolfe

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 11 PM 4:06

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AND
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