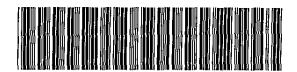
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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04-50430 OR

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: RAESBERRY GROUP, 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:
ALICIA THORNBERRY (Name of Person)
RAESBERRY GROUP, LLC
9305 Wellington Park Circle
Tampa, Florida 33647 (City/State and Zip Code)
For further information concerning this matter, please call:
Alicia Thornberry at (917) 566-5900 (Area Code & Daytime Telephone Number)

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 JPE -2 PH 4: 02

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAESBERRY GROUP,	LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:  9305 Wellington PARK CIRCLE  TAM PA, FL 33647	Mailing Address:  9305 Wellington Park Circle Tampa, FL 33647
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered	
ALICIA THORNB  Name  9305 WELLING  Florida street address (P.O. Box No. 1)  TAMPA, FI  City, State, and Zip	TON PARK CIR.
Having been named as registered agent and to accept service of company at the place designated in this certificate, I hereby accepted to act in this capacity. I further agree to comply with the present and complete performance of my duties, and I am familiar with a registered agent as provided for in Chapter  Registered Agent's Signature.	covisions of all statutes relating to the proper and accept the obligations of my position as 608, Florida Statutes
Page 1 of 2 (CONTINUED)	

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	- 1
MGRM	Alicia Thornberry 9305 Wellington Park Circle
	9305 Wellington Park Circle Tampa, FC 33647
MGRM	Sandro DeMoraes
	Kearny, NJ 07032
(Use attachment if necessary)	

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

REQUIRED	SIGNATURE:
	Kiciathornberry
Š	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.)
	Alicia Thomberry
	Typed or printed name_of signee

SLOW FOR CE STATE

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)