

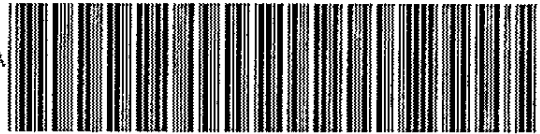
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FILED

2004 JUL 26 P 3: 19

(Requestor's Name)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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# TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WAYS MOBILE HOME SKATING "LLC"  
(Name of Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

RAYMOND E. FORSYTHE  
(Name of Person)

WAYS MOBILE HOME SKATING "LLC"  
(Firm/Company)

6317 ALLIANCE AVE.  
(Address)

KEYSTONE HEIGHTS, FL  
(City/State and Zip Code)

For further information concerning this matter, please call:

RAYMOND E FORSYTHE at ( 352 ) 473-4021  
(Name of Person) (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

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

**FILED**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RAY'S MOBILE HOME SKIRTING "LLC" 2004 JUL 26 P 3: 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

RAY'S MOBILE HOME SKIRTING "LLC"

RAY'S MOBILE HOME SKIRTING "LLC"

6317 ALLIANCE AVE.

6317 ALLIANCE AVE

KEYSTONE HEIGHTS, FL 32652

KEYSTONE HEIGHTS, FL 32652

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

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

RAYMOND E. FORSYTHE

Name

6317 ALLIANCE AVE

Florida street address (P.O. Box **NOT** acceptable)

KEYSTONE HEIGHTS, FLORIDA 32652

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..*

Raymond E. Forsythe

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:**

**FILED**

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MGR

RAYMOND E. FORSYTHE  
6317 ALLIANCE AVE.  
KEYSTONE HEIGHTS, FL 32659

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Raymond E. Forsythe

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.)

RAYMOND E. FORSYTHE

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)