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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

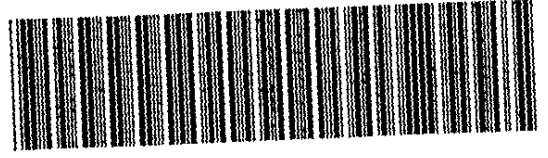
\_\_\_\_\_  
(Business Entity Name)

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11/22/04

W4-889



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 1, 2004

JONATHAN M. RAICHE  
P.O. BOX 1257  
TAVERNIER, FL 33070

SUBJECT: JONATHAN M. RAICHE, PA  
Ref. Number: W04000043777

*We have received your document for JONATHAN M. RAICHE, PA and your*  
check(s) totaling \$160.00. However, the enclosed document has not been filed  
and is being returned for the following correction(s):

The name of a professional limited liability company must end with "P.L.,"  
"P.L.C.," "P.L.L.C.," "PL," "PLC," "PLLC," or "PROFESSIONAL LIMITED  
COMPANY" "CHARTERED" or "PROFESSIONAL LIMITED LIABILITY  
COMPANY."

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 804A00067382

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DEPARTMENT OF STATE

PAID

# TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jonathan M. Raiche, P.A.

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

Please return all correspondence concerning this matter to the following:

**Jonathan M. Raiche, Esq.**  
**P.O. Box 1257**  
**Tavernier, Florida 33070**

For further information concerning this matter, please call:

Jonathan M. Raiche at (305) 852-3306

Enclosed is a check for the following amount:

**\$160.00** Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SEP 2 1997

FILED

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: Jonathan M. Raiche, P.L.**

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

Please return all correspondence concerning this matter to the following:

**Jonathan M. Raiche, Esq.  
P.O. Box 1257  
Tavernier, Florida 33070**

For further information concerning this matter, please call:

**Jonathan M. Raiche at (305) 852-3306**

Enclosed is a check for the following amount:

**\$160.00** Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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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

TALLHASSEE FLORIDA

SEP 1 1991

1100

ARTICLES OF ORGANIZATION FOR FLORIDA  
PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I  
(Name and purpose)

The name of the Professional Limited Liability Company is:

**Jonathan M. Raiche, PL**

The purpose of the Professional Limited Liability Company is:

**To provide Professional Legal services in compliance with all laws, standards, and regulations of Florida, governing and regulating the practice of law, and any other legally permissible business**

ARTICLE II

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

Mailing Address:

**P.O. Box 1257  
Tavernier, Florida 33070**

Physical Location:

**103200 Overseas Highway  
Suite #7  
Key Largo, Florida 33037**

ARTICLE III

(Registered Agent, Registered Office, & Registered Agent's Signature)

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

**Jonathan M. Raiche  
103200 Overseas Highway  
Suite #7  
Key Largo, Florida 33037**

*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, F.S..*



Registered Agent's Signature  
(CONTINUED)

DIWASSEE FLORIDA

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ARTICLE IV

The name and address of each Managing Member is as follows:

**Jonathan M. Raiche**  
**103200 Overseas Highway**  
**Suite #7**  
**Key Largo, Florida 33037**

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.)*

**Jonathan M. Raiche**  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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MAY 29 PM 3:06  
TALLAHASSEE, FLORIDA