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To:

Division of Corporations

Fax Number

: (850)205-0363

From:

Account Name : HUBCO

Account Number : 104662003400

: (516)935-3940 Phone

Fax Number

: (516)935-3088

LIMITED LIABILITY COMPANY

Ray Smith Screening LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Ray Smith Screening LLC

ARTICLE II - Address

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

Principal Office Address:	Mailing Address:	
5319 Royal Oak Drive	5319 Royal Oak Drive	
Tampa, FL 33610	Tampa, FL 33610	
<u> </u>	· · · · · · · · · · · · · · · · · · ·	
ARTICLE III - Registered Agent, Registered Office The name and Florida street address of the registered agent are:	ce & Registered Agent's Signature 📯 🛭 🚬 🗀	
Ray A. Smith	JUN 23	
	Name	
5319 Royal Oak Drive		
(P.O. Box or I	Asil Drop Box NOT Acceptable)	
(C	ity / State / 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, F.S.

Registered Agent's Signature - Ray A. Smith

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ARTICLE IV - Manager(s) of The name and address of each Ma	or Managing Member(s): nager or Managing Member is as follows:		. H05000154	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Ray A. Smith-5319 Royal Oak Drive, Tampa, FL 33610			
(Use attachment if necessary)				
REQUIRED SIGNATURE:				
Signatu	re of a member or authorized representative of	a member.		
document	ance with section 608.408(3), Florida Statutes, constitutes an affirmation under the penalties of sin are true.			
	Ray A. Smith			
	Typed or printed name of signee	TALLAHASSEE,	OS JUN 23 AI SECRETARY O	
		FLORIDA	RY OF STATE	