## L08000029160

(Requestor's Name)					
(Requestors Name)					
<u> </u>					
(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:

L. SELLERS

JAN \_ 9 2008

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO:	TO: Registration Section Division of Corporations							
		-						
SUBJE	ECT: Raft-up	o.com L.L.C.		1.322	>			
	(Name of Limited Liability Company)							
The en	The enclosed Articles of Organization and fee(s) are submitted for filing.							
Please	return all corresp	ondence concerning this mat	ter to t	he following	g:			
	Michael S.	Simmons						
			(Name	of Person)				
	Raft-up.co	om LLC						
	•	<del>                                      </del>	(Firm/	Company)				
	3381 Card	ligan Ct.						
			(A	ddress)				
	Orlando, F	Florida 32912						
(City/State and Zip Code)								
For further information concerning this matter, please call:								
Mike Simmons		_ at (_	407	) 618-435 de & Daytime Tele				
	(Name	of Person)		(Area Co	se & Daytime Tel	ephone Number)		
Enclos	sed is a check fo	r the following amount:						
□\$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &					
			(8	additional cop	y is enclosed)	Certified Copy (additional copy is enclosed)		
		Mailing Address Registration Section Division of Corporations		Registra	Courier Address tion Section of Corporations			
		P.O. Box 6327 Tallahassee, FL 32314		Clifton l	Building secutive Center C			
					see, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ONUANIZATION		ABILITI COMIANI			
ARTICLE I -			,			
The name of th	e Limited Liability Comp	any is:				
Raft-up.co	m L.L.C.	•				
		ted Liability Company, "L.L.C.," or "LLC	.")			
ARTICLE II -	A didwaga					
		f the principal office of the Lim	ited Liability Company is:			
Principal Offi	ce Address:	Mailing Address:				
3381 Cardigan Ct.		3381 Cardigan Ct.				
Orlando, Florida		Orlando, Florida				
32812		32812				
i ne name and	Michael S. Sim	of the registered agent are:  mons				
	_	Name				
	3381 Cardigan					
		street address (P.O. Box NOT acceptal	ole)			
	Orlando,	<sub>FL</sub> 32812				
	City	, State, and Zip				
liability co	mpany at the place designe	and to accept service of process j ated in this certificate, I hereby ac	ccept the appointment as			
		capacity. I further agree to comp plete performance of my duties, a				
		piete perjormance of my duties, a <u>as registered</u> agent as provided f				
	SA					
	Registered Agent	's Signature (REQUIRED)	72.20			

(CONTINUED) Page 1 of 2 71 L E U

## ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Men	nber
MGR	Michael S. Simmons
<del></del>	3381 Cardigan Ct.
	Orlando, Florida 32812
MGR	Rodney A. Morgan
· · · · · · · · · · · · · · · · · · ·	1873 Osprey Bluff Blvd.
	Orange Park, Florida 32812
	A
(Use attachment if necessar	v)
(Ose attackment it necessar)	,
ARTICLE V: Effective date, if other	er than the date of filing: (OPTIONAL)
	te must be specific and cannot be more than five business days prior
to or 90 days after the date of filing	.)
REQUIRED SIGNATURE	E:
و	
Signature o	of a member or an authorized representative of a member.
of this docu	nce with section 608.408(3), Florida Statutes, the execution ament constitutes an affirmation under the penalties of perjury acts stated herein are true.)
Michae	el S. Simmons
	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)