

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000194805 3)))



H080001948053ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

L. SELLERS
AUG 18 2008
EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

R.A.Y. OF NAPLES L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED
08 AUG 14 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
08 AUG 14 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H08000194805 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R.A.Y. of NAPLES L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:

410 JUNG BLVD W
NAPLES, FL 34120

410 JUNG BLVD W
NAPLES, FL 34120

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

RAMON F. CARRASCO

Name

410 JUNG BLVD W

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

NAPLES, FL 34120

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, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H08000194805 3

FILED
08 AUG 14 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H08000194805.3

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:

MGRM

RAMON F. CARRASCO

410 JUNG BLVD W

NAPLES, FL 34120

MGR

ANNA R. CARRASCO

410 JUNG BLVD W

NAPLES, FL 34120

(Use attachment, if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 60A.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RAMON F. CARRASCO

Typed or printed name of signer

H08000194805.3

FILED
08 AUG 14 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA