

109000054680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

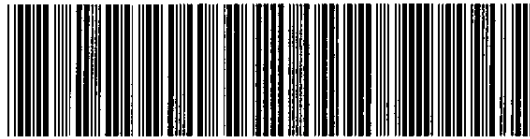
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300156773283

06/04/09--01034--015 **130.00

2009 JUN -4 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS

JUN - 5 2009

EXAMINER

109-54680

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARAY EXPRESS, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

BHOOPANDRA PARAY (MIKE)

Name of Person

PARAY EXPRESS, LLC

Firm/Company

574 SE CAPON TERRACE

Address

PORT ST LUCIE FL 34983

City/State and Zip Code

parayexpress@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE PARAY

Name of Person

at (**772**)

201-5057

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2009 JUN -4 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PARAY EXPRESS, LLC

(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:**574 SE CAPON TERRACE
PORT ST LUCIE FL 34983574 SE CAPON TERRACE
PORT ST LUCIE FL 34983**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:

BHOOPANDRA PARAY

Name

574 SE CAPON TERRACEFlorida street address (P.O. Box NOT acceptable)PORT ST LUCIE FL 34983

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)

2009 JUN -4 AM 10:48
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Page 1 of 2

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

SHANE PARAY

574 SE CAPON TERRACE

PORT ST LUCIE EL 34983

MGRM

BHOOPANDRA PARAY

574 SE CAPON TERRACE

PORT ST LUCIE FL 34983

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/2/09 (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 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.)

BHOOPANDRA PARAY

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)

Page 2 of 2