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**EXAMINER** 



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SECRETARY OF STATE
VISION OF CORPORATE

## **COVER LETTER**

| TO:    | Registration Section Division of Corporations   |
|--------|---|
| SUBJI  | Name of Limited Liability Company   |
| The en | closed Articles of Organization and fee(s) are submitted for filing.  |
| Please | return all correspondence concerning this matter to the following:  |
|        | GAIL KOWATCH<br>Name of Person  |
|        | (reat Rays Enter-fainment, LIC) Firm/Company  |
|        | 6581 Autumn Woods BIVD  |
|        | Address  Maples FL 34109  City/State and Zip Code   |
|        | City/State and Zip Code  Gail 1040 @ /whmail. com  E-mail address: (to be used for future annual report notification)   |
|        | E-mail address: (to be used for future annual report notification)  |
|        | ther information concerning this matter, please call:   |
| _6     | Name of Person at (239) 2/6-1915  Area Code & Daytime Telephone Number  |
|        | Name of Person Area Code & Daytime Telephone Number   |
| Enclo  | sed is a check for the following amount:  |
| \$125  | .00 Filing Fee \$\bigs\\$130.00 Filing Fee & \$\bigs\\$\$155.00 Filing Fee & \$\bigs\\$\$\$Section Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Cert |
|        | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle<br>Tallahassee, FL 32301  |

## ARTICLES OF ORGANIZATION OF GREAT RAYS ENTERTAINMENT, LLC

THE UNDERSIGNED, acting as sole member and manager of a limited liability company to be formed pursuant to s. 608.407, adopts the following Articles of Organization:

FIRST: The name of the limited liability company (the "Company") is:

Great Rays Entertainment, LLC

SECOND: The initial principal office and mailing address of the Company is:

6581 Autumn Woods Blvd. Naples, FL 34109

THIRD: The name and street address of the initial registered agent and office of the Company is:

Gail Kowatch 6581 Autumn Woods Blvd. Naples, FL 34109

FOURTH: The name and address of the sole member and manager is:

Gail Kowatch 6581 Autumn Woods Blvd. Naples, FL 34109

FIFTH: The effective date of the Company is the date of filing.

IN WITNESS WHEREOF, the undersigned, being the sole member and manager herein before named, for the purpose of forming a Florida limited liability company pursuant to Chapter 608, Florida Statutes, has executed these Articles of Organization this 23<sup>rd</sup> day of June 2009. The execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Selfe Member and Manager, Gail Kowatch

I, Gail Kowatch, 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, Florida Statutes.

Registered Agent, Gail Kowatch