# 109000086411

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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SEURETARY OF STATE
TALLAHASSEE, FI MAIR

D. BRUCE

SEP 8 2009

**EXAMINER** 

# **COVER LETTER**

TO:

Registration Section Division of Corporations

CUBICCT.	Rav	diant Tan LLC	
Name of Limited Liability Company			
	es of Organization and fee(s) are subsequence concerning this matter	_	
		-	
<del></del>		E SHEPPARD ame of Person	
	F	irm/Company	
	1135 Pine	wood Lake Court	
		Address	
		acres, FL 33415	ACT. SEC.
	·	State and Zip Code	SEP AHA
	E-mail address: (to be used for	ttan@yahoo.com future annual report notification)	A PRY
For further information	on concerning this matter, please co	all:	AM III
	E SHEPPARD ene of Person	at (561) S Area Code & Daytime Tel	932-7597 RAM & Component Number
Enclosed is a check	for the following amount:		
]\$128.00 Hang Fee	e \$\begin{align*} \$130.00 \text{ Filing Fee & Certificate of Status} \end{align*}	\$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 Corporation Clifton Building 2661 Executive Center (	is

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Raydiant Tan LLC				
(Must end	with the words "Limited Li	ability Company," "L.L.C.," or "LLC.")		
ARTICLE II - Address The mailing address and	= =	principal office of the Limited I	Liability Company is:	
Principal Office Address:		Mailing Address:		
1135 Pinewood Lake Greenacres, FL 33415		1135 Pinewood Lake Cou Greenacres, FL 33415	<u>urt</u>	
ARTICLE III - Registe	ered Agent, Registe	red Office, & Registered Agent		
business entity with an active F The name and the Florid	Florida registration.)	egistered Agent. You must designate an indi	's Signature: ividual or another	
business entity with an active F	Florida registration.)  la street address of th	egistered Agent. You must designate an indi	's Signature: vidual or another	
business entity with an active F	Florida registration.)  la street address of th	egistered Agent. You must designate an indi ne registered agent are:	's Signature: vidual or another  ALLA  OS	
business entity with an active F	Florida registration.)  In street address of the JAMIE S  Na	egistered Agent. You must designate an indi ne registered agent are:	's Signature: vidual or another  OP SEP	
business entity with an active F	Florida registration.)  Ia street address of the JAMIE S Nai  1135 Pinewo	egistered Agent. You must designate an indi ne registered agent are: HEPPARD me	's Signature: vidual or another  09 SEP -4  SECRETARY TALLAHASSE	
business entity with an active F	Florida registration.)  Ia street address of the JAMIE S Nai  1135 Pinewo	egistered Agent. You must designate an indicate registered agent are:  HEPPARD  me  pod Lake Court	's Signature: vidual or another  09 SEP -4 AN SECRETARY OF TALLAHASSEE, F	
business entity with an active F	Florida registration.)  Ia street address of the JAMIE S  Nat  1135 Pinework  Florida street address (P	egistered Agent. You must designate an indicate registered agent are:  HEPPARD  me  pod Lake Court  P.O. Box NOT acceptable)  FL 33415	's Signature:  09 SEP - 4 AMII:  5ECRETARY OF STALLAHASSEE, FLO	

(CONTINUED)

EFFECTIVE DATE 10(15)09

## 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	JAMIE SHEPPARD  1135 PINEWOOD LAKE COURT  GREENACRES, FL 33415
***************************************	09 SEP -4 SECRETAR TAILLAHASS
	AM II: 18 FE. FLORID.
	nan the date of filing: OCTOBER 15, 2009 (OPTIONAL)
(If an effective date is listed, the date n to or 90 days after the date of filing.)	nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a	member or an authorized representative of a member.
of this docume	with section 608.408(3), Florida Statutes, the execution on the constitutes an affirmation under the penalties of perjury ated herein are true.)
Filing Fees:	JAMIE SHEPPARD  Typed or printed name of signee
\$125.00 Filing Fee for Articles of Registered Agent \$ 30.00 Certified Copy (Option \$ 5.00 Certificate of Status (O	