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COVER LETTER

Registration Section

Division of Corporations		
SUBJECT:	Raulerson's P	rivate Investigative Agency
	Name of Limit	ed Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corre	spondence concerning this matt	er to the following:
- 10. 12	Jose	ph D. Raulerson
		Name of Person
	Raulerson's Priva	ite Investigative Agency, LLC
		Firm/Company
	10400	N. Natchez Loop
***************************************		Address
	/ Dunne	llon, Florida 34434
		y/State and Zip Code
	JRAULE	RSONT@AOL.COM
	E-mail address: (to be used f	or future annual report notification)
For further informatio	n concerning this matter, please	call:
Jose	ph Raulerson	at (352) 522-0684
Nam	e of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
☑\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liebility Company in				
The name of the Limited Lia	bility Company is:			
Raulerson's Private Investigative Agency, LLC. (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")				
Principal Office Address:	Mailing Address:			
10400 N. Natchez, Loop Dunnellon, Florida 34434	10400 N. Natchez Loop Dunnellon, Florida 34434			
	Agent, Registered Office, & Registered Agent's Signaturé: ot serve as its own Registered Agent. You must designate an individual or another a registration.)			
The name and the Florida str	eet address of the registered agent are:			
	Joseph D. Raulerson			
	Name			
	10400 N. Natchez Loop			
Flori	ida street address (P.O. Box NOT acceptable)			
Dunnell	on, Florida 34434 _{FL}			
	City, State, and Zip			
liability company at the p registered agent and agree to	stered agent and to accept service of process for the above stated limited lace designated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all per and complete performance of my duties, and I am familiar with and			
~	my position as registered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Meml	Name and Address:
"MGR"	Joseph D. Raulerson
	10400 N. Natchez Loop
	Dunnellon, Florida 34434
	29.9
	19 AM 0: 50
	
	<u></u>
(Use attachment if necessary)	<u> </u>
CLEV. Effective date if other	than the date of filing: (OPTIONAL)
effective date is listed, the date	must be specific and cannot be more than five business days p
00 days after the date of filing.)	ı
Jo anton the date of military	
REQUIRED SIGNATURES	sed Danlengo
REQUIRED SIGNATURE: Signature of	a member or an authorized representative of a member. we with section 608.408(3), Florida Statutes, the execution

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)

Typed or printed name of signee