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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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G. MCLEOD

DEC 11 2009

EXAMINER



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SECRETARY OF STATE OF CORPORATION

COVER LETTER

| Division of | Corporations | |
|------------------------|---|--|
| SUBJECT: | Raven M | larketing Group, LLC. |
| | | ed Liability Company |
| The enclosed Article | es of Organization and fee(s) are | submitted for filing. |
| Please return all corr | respondence concerning this matt | er to the following: |
| | | Curtis Raven |
| | | Name of Person |
| | | Firm/Company |
| | 301 W | Platt Street #146 |
| | | Address |
| | | mpa, FL 33606 |
| | Cit | y/State and Zip Code |
| | E-mail address: (to be used t | or future annual report notification) |
| For further informat | ion concerning this matter, please | e call: |
| **** | Curtis Raven | at (813 892-3491 Area Code & Daytime Telephone Number |
| | k for the following amount: | |
| \$125.00 Filing Fe | ce \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}\$ | \$155.00 Filing Fee & \$160.00 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 |

09 DEC 10 PM 2: 18

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | Company is: |
|---|---|
| Raven | Marketing Group, LLC. |
| (Must end with the wor | ds "Limited Liability Company," "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 301 W Platt Street #146 | |
| Tampa, FL 33606 | |
| | |
| The name and the Florida street a | ddress of the registered agent are: Curtis Raven |
| The name and the Florida street a | |
| The name and the Florida street a | Curtis Raven |
| | Curtis Raven Name |
| Florida str | Curtis Raven Name 301 W Platt St #146 reet address (P.O. Box NOT acceptable) |
| Florida str | Curtis Raven Name 301 W Platt St #146 |

(CONTINUED)

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:

| | Name and Address: |
|---|--|
| "MGR" = Manager | 1 |
| "MGRM" = Managing Men | nber |
| MGRM | Curtis Raven |
| | 3002 W Cleveland Street D2 |
| | Tampa, FL 33609 |
| | |
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| | |
| | |
| (Use attachment if necessar | y) |
| LE V: Effective date, if other fective date is listed, the da days after the date of filing REQUIRED SIGNATUR | er than the date of filing: (OPTIONAl te must be specific and cannot be more than five business days.) E: |
| fective date is listed, the da days after the date of filing REQUIRED SIGNATUR | er than the date of filing: (OPTIONAl te must be specific and cannot be more than five business days.) E: |
| LE V: Effective date, if other fective date is listed, the da days after the date of filing REQUIRED SIGNATURE Signature of (In accordate of this doc | er than the date of filing: (OPTIONAl te must be specific and cannot be more than five business days.) E: |
| LE V: Effective date, if other fective date is listed, the da days after the date of filing REQUIRED SIGNATURE Signature of (In accordate of this doc | er than the date of filing: (OPTIONAl te must be specific and cannot be more than five business days.) E: |
| LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of this documents of this documents. | er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days.) E: |

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)