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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Raven 66, 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:
Daniel K. Bandklayder, Esq.
Name of Person
Daniel K. Bandklayder, P.A.
Firm/Company
9350 South Dixie Highway, Suite 1560
Address
Miomi Elorido 22456
Miami, Florida 33156 City/State and Zip Code
danb@dkb-law.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel K. Bandklayder at (305)670-0242
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
Raven 66, LLC (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9440 S.W. 140th Street	9440 S.W. 140th Street
Miami, Florida 33176	Miami, Florida 33176
The name and the Florida street address of <u>Daniel K. Bandklaye</u>	
9350 S. Dixie High	wav. Suite 1560
	et address (P.O. Box <u>NOT</u> acceptable)
Miami,	FL 33156
	ty, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as vacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
Registered Agent's S	Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Robert Namoff
	9440 S.W. 140th Street
	Miami, Florida 33176
	
(Use attachment if necessary)	
ICLE V: Effective date, if other the effective date is listed, the date in	
TCLE V: Effective date, if other th	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days p
ICLE V: Effective date, if other the effective date is listed, the date is 90 days after the date of filing.) REQUIRED SIGNATURE:	
ICLE V: Effective date, if other the effective date is listed, the date in 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a recordance of this document	nust be specific and cannot be more than five business days p

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)

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