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EXAMINER



COVER LETTER

TO:	Registration Division of C			
`SUBJI	ECT: Raging	Gator Website Design L	LC	
		Name of Limi	ted Liability Company	ر سندور منسور
The en	closed Articles	of Organization and fee(s) are	submitted for filing. ter to the following:	ON OF
Please	return all corres	pondence concerning this mat	ter to the following:	Š.
	H. Stephen B	urdette	· · · · · · · · · · · · · · · · · · ·	
			Name of Person	ئ−
	Raging Gator	Website Design		
			Firm/Company	
			Address	
	Ormond Bead	ch, FL 32176		
		Cit	ry/State and Zip Code	_
	sburdette@cfl		G. G	
			for future annual report notification)	
For fur	ther information	concerning this matter, pleas	e call:	
H. Ste	ephen Burdette	e	at (_386)441-4932	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check for	or the following amount:		
□ \$125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose)	
		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

	-	_~-	-				
Δ	RT1	14 L	. HC	-	Na	me	٠.

The name of the Limited Liability Company is:

Raging Gator Website Design LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Maining Address:</u>	
5 St Johns Place	5 St Johns Place	
Ormond Beach, FL 32176	Ormond Beach, FL 32176	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Sharon Burdette	
	Name
5 St Johns Place	e
Flor	ida street address (P.O. Box NOT acceptable)
Ormond Beach	FL 32176
	City, State, and Zip

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, F.S..

Registered Agent's Signature (REQUIRED)

(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:

"MGR" = Manag "MGRM" = Mar		Name and Address:	
MGR		H. Stephen Burdette	
	<u> </u>	5 St Johns Place	
		Ormond Beach, FL 32176	
MGMR		Sharon Burdette	
	····	5 St Johns Place	
		Ormond Beach, FL 32176	
			
			
			_
	if necessary)		
(Use attachment LE V: Effective	• ·	late of filing: . (OP	ΓΙΟΝ
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LE V: Effective fective date is lis days after the da	date, if other than the date, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with section of this document constitution)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution and affirmation under the penalties of perjury	

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)