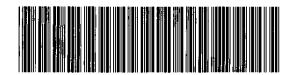
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C. LEWIS

MAY 2 5 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: Raymond L. Ballou PL 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: Raymond L Ballou Name of Person Firm/Company P.O. Box 47565 Address St. Petersburg, Florida 33743 City/State and Zip Code rayballou2000@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ray Ballou ₎381-8822 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee ■\$155.00 Filing Fee & □\$130.00 Filing Fee & **□** \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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 Company is:

R. L. Ballou PL		
(Must end with the words "Limited	l Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	the principal office of the Limited Liability Company is	3:
Principal Office Address:	Mailing Address:	
7989 Causeway Blvd North	P.O. Box 47565	
St. Petersburg FL 33707	St. Petersburg FL 33743	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an individual or another the registered agent are:	- (~)
Raymond L. Ballou	7 7	
1	Name SSR	, [7
7989 Causeway Blvo	Name d. North eet address (P.O. Box NOT acceptable)	Ĩ,
Florida stre	eet address (P.O. Box NOT acceptable)	
St. Petersburg	FL 33707	
Ci	ity, 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..

(CONTINUED)

Page 1 of 2

FILED

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

2010 MAY 24 PM 12: 41

The name and address of each Manager or Managing Member is as follows:

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Inte.	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Raymond L. Ballou	
	7989 Causeway Blvd. North	
	St. Petersburg FL 33707	
····		
		
	-	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

PURPOSE: THE PRACTICE OF LAW.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Raymond L. Ballou

Typed or printed name of signee

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)