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| (Requestor's Name) |
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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D. BRUCE

JUN 8 2010

EXAMINER

June 6, 2010

Richard S. Ray 5414 Agualinda Blvd. Cape Coral, FL. 33914

HOPE BENEFIT

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TILED

10 JUN-7 PH 1:32

SECRETARY OF STATE
ALLAHASSEE F STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company | is: |
|---|---|
| Ray Sea, LLC | |
| (Must end with the words "Limited Li | ability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the | e principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 5414 Agualinda Blvd | 5414 Agualinda Blvd |
| Cape Coral, Florida 33914 | Cape Coral, Florida 33914 |
| business entity with an active Florida registration.) The name and the Florida street address of the Richard S. Ray National Street Adjusted Blvd | ne registered agent are: |
| | , 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

| <u>Title:</u> | Name and Address: |
|--|---|
| "MGR" = Manager | |
| "MGRM" = Managing Mem | ber |
| MGR | Richard S. Ray |
| | 5414 Agualinda Blvd |
| | Cape Coral, Fiorida 33914 |
| MGRM | Joshua C. Ray |
| | 1775 Four Mile Cove Parkway, Apt 1237 |
| | Cape Coral, Florida 33990 |
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| LE V: Effective date, if other | r than the date of filing: (OPTIONA) |
| | e must be specific and cannot be more than five business days |
| nective date is fisted, the dat | |
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| days after the date of filing. |) All the second of the second |
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| days after the date of filing. REQUIRED SIGNATURE | Zichard & Vay |
| days after the date of filing. REQUIRED SIGNATURE | Zichard S. Day |
| days after the date of filing. REOUIRED SIGNATURE Signature of | f a member or an authorized representative of a member. Solve with section 608,408(3), Florida Statutes, the execution |
| REOUIRED SIGNATURE Signature of (In accordan of this docur | Tichard S. Say f a member or an authorized representative of a member. |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)