

#L10000119145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

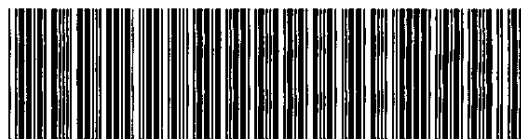
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K. SALY
EXAMINER
NOV 16 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2010

ARCHIE RAY MEGGINSON, SR.
1400 BACK COVE RD.
VIRGINIA BEACH, VA 23454

SUBJECT: HOORAYS, LLC
Ref. Number: W10000051745

We have received your document for HOORAYS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P01000021602 (HOORAY, INC.).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 610A00026006



John S. Burton, Esq.

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Virginia Beach, Virginia 23452
Main (757) 213-6850
Direct Dial (757) 965-6047
Facsimile (757) 257-0347
john@jsburton.com
www.jsburton.com

November 11, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: TwoRays, LLC

To Whom It May Concern:

Enclosed please find Articles of Organization for the above referenced corporation. The required filing fee of \$130.00 was previously submitted with an earlier request for establishing a limited liability corporation in the proposed name of "HooRays, LLC," which I hereby request that you apply to this account.

If you need any further information regarding this filing, please contact the undersigned.

Thanks for your attention to this matter.

Sincerely,

John S. Burton, Esq.

JSB/mlm
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TwoRays, 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:

Archie Ray Megginson, Sr.

Name of Person

Firm/Company

1400 Back Cove Rd.

Address

Virginia Beach, VA 23454

City/State and Zip Code

ray@gofsg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Archie Ray Megginson, Sr.

Name of Person

at (757) 431-1414

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TwoRays, 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:

485 Caravelle Drive
Jupiter, FL 33458-8206

Mailing Address:

485 Caravelle Drive
Jupiter, FL 33458-8206

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:

Archie Ray Megginson, Sr.

Name

485 Caravelle Drive

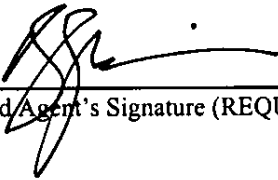
Florida street address (P.O. Box **NOT** acceptable)

Jupiter

FL 33458-8206

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Archie Ray Megginson, Sr.

485 Caravelle Drive

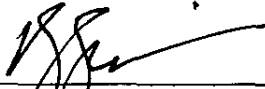
Jupiter, FL 33458-8206

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(9), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Archie Ray Megginson, Sr.

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)