

#L11000099406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

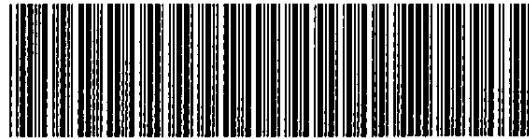
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200211061982

EFFECTIVE DATE
9-1-2011

200211061982
08/29/11--01051--028 **130.00

FILED
11 AUG 29 PM 1:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 30 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAY DUNCAN VENTURES 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:

JAMES A HICKMAN

Name of Person

HICKMANS TAX SERVICE

Firm/Company

220 GOVERNMENT ST SUITE 1

Address

NICEVILLE FL 32578

City/State and Zip Code

JAH0851@CENTURYLINK.NET

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

For further information concerning this matter, please call:

JAMES A HICKMAN

Name of Person

at (850) 729-8585

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:

RAY DUNCAN VENTURES LLC

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

EFFECTIVE DATE
9-1-2011

ARTICLE II - Address:

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

Principal Office Address:

2205 BELLMEAD CIRCLE
NAVARRE FL 32566

Mailing Address:

SAME

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:

JAMES A HICKMAN

Name

220 GOVERNMENT ST SUITE 1

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

NICEVILLE

FL **32578**

City, State, and Zip

FILED
11 AUG 29 PM 1:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

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..

James A Hickman

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:

MGR

RAYNOLD B DUNCAN

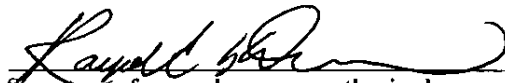
2205 BELLMEAD CIRCLE

NAVARRE FL 32566

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/01/2011. (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(3), 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.)

RAYNOLD B DUNCAN

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)