L11000119412

	(Requestor's Name)
	(Address)
	(Address)
((Ĉity/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
((Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT

OCT 19 2011

EXAMINER

Office Use Only



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10/17/11--01016--028 **130.00

COVER LETTER

TO	Registration Section Division of Corporations
SUBJE	ECT: Ray Causel Little Name of Limited Liability Company
The end	nclosed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Show las Caroll
•	Name of Person
-	Lay Canol LLC
	Firm/Company
_	3104 Holles Point = =
	Address
	1/212 FL 32544
-	City/State and Zip Code
_	
	E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
	Kal avol at (850) 734-0210
	Name of Person Area Code & Daytime Telephone Number
Enclose	sed is a check for the following amount:
\$125.00	Filing Fee \$\bigsim \\$130.00 \text{ 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 Clifton Building

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:	
The name of the Limited Liability Company is:	
Ray Carroll	LLC
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3104 Holley Point	Thank pl
Novare FE	there pl
325Ce	72544
	egistered agent are: ART ART
Marane	FL 32866

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..

City, State, and Zip

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	RAY CARROLL 3106 HOLLEY POINT NAUARRE, FL 32566
	TANK R TI
	SSEE BY
(Use attachment if necessary)	LORD RED A
	ate of filing: //O - //O - // . (OPTIONAL) specific and cannot be more than five business days prior
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.)

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)