Page 1 of 1

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000265258 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

2mpil	Address:		

FLORIDA LIMITED LIABILITY CO. RAY - KAT FISHING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

9696669906

https://efile.sunbiz.org/scripts/efilcovr.exe

PAGE 01/03

EMPIRE CORP KIT

N. Cullingen NOV - 8 2011

11/7/2011

11/02/2011 10:03

H 11 FPLED

11 NOV -7 AM 8: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

RAY - KAT FISHING, LLC

<u>ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY</u>

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

7648 GATES CIRCLE SPRING HILL, FLORIDA 34606

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

RAYMOND L. JENNINGS 7648 GATES CIRCLE SPRING HILL, FLORIDA 34606

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, FLORIDA STATUTES.

DATED: Ilithi

RAYMOND L. JENNINGS

ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

H11000265278

H110002652V8

MANAGER/MEMBER: RAYMOND L. JENNINGS

7648 GATES CIRCLE SPRING HILL, FLORIDA 34606

KENTON V. PICKENS

1810 THISTLE COURT

WESLEY CHAPEL, FLORIDA 33543

11/7hDATED: __

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES. THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

H11 000 265218

9696889908