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J. SAULSBERRY EXAMINER APR 17 2013

COVER LETTER

TO: Registration Section Division of Corporation	ıs	•	r	
SUBJECT: STRIK	Ig RAY	LOUNGE LLC, I Liability Company		
	Name of Limited	Liability Company		
The enclosed Articles of Organiza	ation and fee(s) are su	ubmitted for filing.		
Please return all correspondence concerning this matter to the following:				
LEROY	GONZALE	Z DR Name of Person		
40 NRG FUVESTMENTS INC Firm/Company				
1706 S, Kingsway Address				
SEFFN	ER FI	A 33584 /State and Zip Code		
			A	2013
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			ë	
OYCE TCE Name of Person	NOg/E	at (<u>8/3</u>) <u>68/-/</u> Area Code & Daytime Telepl	hone Number 99	AH 10: 12
Enclosed is a check for the foll	lowing amount:		P	
A\$125.00 Filing Fee U\$130.0 Certif	0 Filing Fee & ficate 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)	The state of the s
Registr Divisio P.O. B	ng Address ration Section on of Corporations ox 6327 assee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle	75 (7 15 %)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Must end with the words "Limited Liability	FE L.L.C.			
(Must end with the words "Limited Liability (Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:	. يو			
The mailing address and street address of the prince	ipal office of the Limited Liability Company is:			
Principal Office Address:	<u> Mailing Address:</u>			
1706 S. KWGSWAY SEFFNER FloridA 33584	SAME			
SEFFNER FloridA 33584				
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	ffice, & Registered Agent's Signature: d Agent. You must designate an individual or another			
The name and the Florida street address of the reg	istered agent are:			
LEROY GONZ Name	PA/EZ JA ES 2			
Name				
1706 S Kwas	S (P.O. Box NOT acceptable)			
1706 S. King. Florida street addre	ss (P.O. Box NOT acceptable)			
SEFFUER	T 33594 T = T = T = T = T = T = T = T = T = T			
SEFFNER City, State	and Zip 95 5			
Having been named as registered agent and to ac	cept 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				
	ormance 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.				

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

RICHARD L. GONZALEZ 1706 S KINGSWAY SEFFNER FIA 33584
AR AR
AN 6: 12

ARTICLE V: Effective date, if other than the date of filing: April 30, 2013. (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.)

LEROY GONZA/EZ DR 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)