## #13000139123

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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K.SALY EXAMINER OCT - 2 2013

## **COVER LETTER**

TO:	Registration S Division of Co		
CIID II	Rapt	or Shark LLC	
SOBJE	SC1:		ed Liability Company
The en	closed Articles of	f Organization and fee(s) are s	submitted for filing.
Please	return all corresp	ondence concerning this matt	er to the following:
	Derek S	Saballos	
	·		Name of Person
			Firm/Company
	1308 W	inding Brook	Way
			Address
	Dunedi	n, FL 34698	
	saballos	.derek@gmail.d	y/State and Zip Code  COM  for future annual report notification)
For fur	ther information	concerning this matter, please	call:
De	rek Sab	allos	<sub>at</sub> 904 325-5777
	Name	of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check fo	or the following amount:	•
<b>■\$</b> 125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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:	
Raptor Shark LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1308 Winding Brook Way	1308 Winding Brook Way
Dunedin, FL 34698	Dunedin, FL 34698
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Derek Saballos	30
Name	ess (P.O. Box NOT acceptable)
1308 Winding Brook Way	· 王必 <b>以</b>
Florida street addr	ess (P.O. Box NOT acceptable)
Dunedin, FL 34698	FL P
City, Stat	e, and Zip
Having have named as registered agent and to a	ccent service of process for the above stated limited

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)

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:

	Name and Address:
"MGR" = Manage <del>r</del> "MGRM" = Managing Member	
WORM - Wanaging Member	
MGRM	Jennifer Homer
	1308 Winding Brook Way
	Dunedin, FL 34698
·	444
Use attachment if necessary)	
•	e date of filing: (OPTION
LE V: Effective date, if other than the fective date is listed, the date mus	e date of filing: (OPTION
(Use attachment if necessary)  LE V: Effective date, if other than the ffective date is listed, the date mus or 90 days after the date of filing.)	e date of filing: (OPTION to be specific and cannot be more than five busing the control of the control
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)