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	/ N. K.		* K.K

Registration Section TO: Division of Corporations RAZOR-01, 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: **Danielle Mott** Name of Person RAZOR-01, LLC Firm/Company 607 Prairie Lake Dr. Address Casselberry, Fl. 32730 City/State and Zip Code Dgiar0910@Yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Danielle Mott** Name of Person Enclosed is a check for the following amount:

**Mailing Address** 

**√** \$125.00 Filing Fee

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

\$130.00 Filing Fee &

Certificate of Status

Street/Courier Address

\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

\$160.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RAZOR-01, LLC			
	(Must end with the words "Li	mited Liability Company, "L.L.C.,	" or "LLC.")
ARTICLE II - A		ipal office of the Limited Liability	Company is:
rincipal Office	Address:	Mailing Address:	
607 Prairie Lake Dr.		607 Prairie Leke Dr.	
Casselberry, Fl.		Casselberry, Fl.	
32730		32730	
Y	entity with an active Florida regis	•	-1 (*)
he name and the	Florida street address of the regis	•	ALC:
The name and the	Florida street address of the regis	•	
The name and the	Florida street address of the regis	stered agent are:	TALL 31. 22
he name and the	Florida street address of the regis	stered agent are: Name	17.11. July 22. 10.
The name and the	Florida street address of the regis  Danielle Mott  1  607 Prairie Lake Dr.	stered agent are: Name	
he name and the	Florida street address of the regis  Danielle Mott  1  607 Prairie Lake Dr.  Florida street address (P.O.)	Name  Box <u>NOT</u> acceptable)	7814 Jul 22 12 3: 31

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	65
AMBR & MGR	Cantelle Mott
	607 Pratrio Lake Dr.
	Casselborry, Fl. 32730
Use attachment if necessary)	
	d cannot be more than five business days prior to o
ctive date is listed, the date must be specific an filling.)  EVI: Other provisions, if any.	d cannot be more than five business days prior to o
f filing.) E VI: Other provisions, if any.	d cannot be more than five business days prior to o
f filing.) E VI: Other provisions, if any.  REQUIRED SIGNATURE:	Matt
f filing.) E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	r an authorized representative of a member.
f filing.) E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of (In accordance with section 605.020)	r an authorized representative of a member.  3 (1) (b). Florida Statutes, the execution of this docum
f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of (In accordance with section 605.020) constitutes an affirmation under the	r an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
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