

(Requestor's Name)
(Address)
, ,
77.1
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800259254568

04/22/14--01030--003 **130.00

EFFECTIVE DATE DU-2514

264 TH T2 P 3 12

B. BOSTICK

APR 24 2014

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>LionRay Services LLC</u> Name of Li	imited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	Lioneł C. Campbell	Name of Person	
	LionRay Services LLC	Firm/Company	·····
	12906 Cloverdale Lane,	Address	
	Clermont, Florida 34711	City/State and Zip Code	
_nc	dionel@gmail.com. lionrayservices@gr E-mail address: (to be us	mail.com ed for future annual report notificati	on)
For fur	ther information concerning this matter, ple	ease call:	3
	Name of Person	786) 262-4469 Area Code Daytime Tele	phone Number
	ed is a check for the following amount: 0 Filing Fee \$\overline{\mathcal{Z}}\$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, El. 32314	Street/Courier Addre Registration Section Division of Corporatio Clifton Building	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: ARTICLE II - Address: Mailing Address: 12906 Cloverdale Lane, 12906 Cloverdale Lane,	The name of the Limited Liability Compan	ny is:		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 12906 Cloverdale Lane, Clermont, FL 34711 Clermont, FL 34711 Clermont, FL 34711 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lionel C. Campbell Name 12906 Cloverdale Lane Florida street address (P.O. Box NOT acceptable) Clermont FL 34711 City City Zip 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	LionRay Services LLC	ords "Limited Lighility Company "LLC" or "LLC")		
Trincipal Office Address: Mailing Address: Mailing Address:	(ividst end with the w	rotus Elimiteu Etability Company, E.E.C., of EEC.		
12906 Cloverdale Lane, 12906 Cloverdale Lane, Clermont, FL 34711 Clermont, FL 34711 Clermont, FL 34711	ARTICLE II - Address:	the universal affice of the Limited Lightlife Comment is		
2906 Cloverdale Lane. Clermont. FL 34711 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lionel C. Campbell Name 12906 Cloverdale Lane Florida street address (P.O. Box NOT acceptable) Clermont FL 34711 City Zip 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	The mailing address and street address of t	the principal office of the Limited Liability Company is:		
Clermont. FL 34711 Clermont. FL 34711 Clermont. FL 34711 Clermont. FL 34711 CRAFICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lionel C. Campbell Name 12906 Cloverdale Lane Florida street address (P.O. Box NOT acceptable) Clermont FL 34711 City Zip 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	Principal Office Address:	Mailing Address:		
Clermont. FL 34711 Clermont. FL 34711 Clermont. FL 34711 Clermont. FL 34711 CRAFICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lionel C. Campbell Name 12906 Cloverdale Lane Florida street address (P.O. Box NOT acceptable) Clermont FL 34711 City Zip 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	12906 Cloverdale Lane.	12906 Cloverdale Lane.		
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lionel C. Campbell Name 12906 Cloverdale Lane Florida street address (P.O. Box NOT acceptable) Clermont FL 34711 City Tip 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	Clermont, FL 34711			
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lionel C. Campbell Name 12906 Cloverdale Lane Florida street address (P.O. Box NOT acceptable) Clermont FL 34711 City Zip 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				
Lionel C. Campbell Name 12906 Cloverdale Lane Florida street address (P.O. Box NOT acceptable) Clermont FL 34711 City Zip 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	(The Limited Liability Company cannot se	erve as its own Registered Agent. You must designate an i	ndividual o	r
Name 12906 Cloverdale Lane Florida street address (P.O. Box NOT acceptable) Clermont FL 34711 City Zip 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	The name and the Florida street address of	f the registered agent are:	1,-3	
Name 12906 Cloverdale Lane Florida street address (P.O. Box NOT acceptable) Clermont FL 34711 City Zip 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	Lionel C. Campb	peli	النائلة) الناسوء الناسوء	t,
Florida street address (P.O. Box NOT acceptable) Clermont FL 34711 City Zip 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			•	k.,
Florida street address (P.O. Box NOT acceptable) Clermont FL 34711 City Zip 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	12906 Cloverdal	de Lane	٠, ب	
City Zip 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			٠,٠	, ,
City Zip 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	Clermont	FI 34711	13	
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			نړي س.	
	the place designated in this certificate, capacity. I further agree to comply with	I hereby accept the appointment as registered agent and a the provisions of all statutes relating to the proper and com d accept the obligations of my position as registered agent of	gree to act i aplete perfo	in this rmance
Registered Agent's Signature (REQUIRED)		Mely		

(CONTINUED)

Page 1 of 2

Fitle:	Name and Address:	
AMBR" = Authorized Member	Tune and radioss	
MGR" = Manager		
AMBR	Carole Brown-Campbell	
	12906 Cloverdale Lane	
	Clermont, Florida 34711	
AMBR	Lionel C. Campbell	
	12906 Cloverdale Lane	
	Clermont, Florida 34711	
····		
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	of filing: <u>April 25, 2014</u> . (OPTIONAL cific and cannot be more than five business days prior to	
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)		
	cific and cannot be more than five business days prior to	
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) VI: Other provisions, if any.	cific and cannot be more than five business days prior to	
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to	
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to	o or s
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605)	mber or an authorized representative of a member.	o or 9
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are truncation submitted in a document to the Department of State	ment
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.	ment
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are truncation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)	ment
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document in a document to the Department of State y as provided for in s.817.155, F.S.)	ment e.
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are truncation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)	ment
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trunation submitted in a document to the Department of State of as provided for in s.817.155, F.S.) Dell Typed or printed name of signee	ment e.
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Lionel C. Campb	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are truncation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Dell Typed or printed name of signee Filing Fees:	ment e.
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Lionel C. Campb \$125.00 Filing Fee for Articles of Organical Constitutes and Constitutes of Organical Constitutes and Constitutes of Organical	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trunation submitted in a document to the Department of State of as provided for in s.817.155, F.S.) bell Typed or printed name of signee Filing Fees: canization and Designation of Registered Agent	ment e.
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Lionel C. Campb \$125.00 Filing Fee for Articles of Organs 30.00 Certified Copy (Optional)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document to the Department of State y as provided for in s.817.155, F.S.) Dell Typed or printed name of signee Filing Fees: Fanization and Designation of Registered Agent	ment e.
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Lionel C. Campb \$125.00 Filing Fee for Articles of Organical Constitutes and Constitutes of Organical Constitutes and Constitutes of Organical Constitutes of Organic	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document to the Department of State y as provided for in s.817.155, F.S.) Dell Typed or printed name of signee Filing Fees: Fanization and Designation of Registered Agent	ment e.
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Lionel C. Campb \$125.00 Filing Fee for Articles of Organs 30.00 Certified Copy (Optional)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document to the Department of State y as provided for in s.817.155, F.S.) Dell Typed or printed name of signee Filing Fees: Fanization and Designation of Registered Agent	ment e.
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Lionel C. Campb \$125.00 Filing Fee for Articles of Organs Signature of Organs Signa	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document to the Department of State y as provided for in s.817.155, F.S.) Dell Typed or printed name of signee Filing Fees: Fanization and Designation of Registered Agent	ment e