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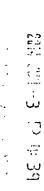
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B. BOSTICK

JUN - 9 2014

EXAMINER

COVER LETTER

-3'

Division of Corporations
SUBJECT: RAJ Online Enterprises, 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:
Roy A. James
Name of Person
Firm/Company
12106 Saint Andrews Place, Building 1 Apt 102
Address
Miramar, FL 33025
City/State and Zip Code City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roy A. James 305 320-2268
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

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	s:	
· · · ·		
RAJ Online Enterprises, LLC		
(Must end with the word	ls "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 G	Company is:
Principal Office Address:	Mailing Address:	
12106 Saint Andrews Place, Building 1 Apt 102	12106 Saint Andrews Place, Buildi	ina 1 Ant 102
Miramar, FL 33025	Miramar, FL 33025	
		
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	registration.)	designate an individual or
Roy A, James		
	Name	pa
12106 Saint Andrews Place,	Building 1 Apt 102	
-	s (P.O. Box <u>NOT</u> acceptable)	-
Miramar	FL 33025	
City		<u>.</u>
Having been named as registered agent and to the place designated in this certificate, I he capacity. I further agree to comply with the of my duties, and I am familiar with and ac	ereby accept the appointment as registered provisions of all statutes relating to the pi	d agent and agree to act in this roper and complete performance
Registered Age	ent's Signature (REQUIRED)	
Kegisiyi ya		
4.0	CONTINUED	E
(6	CONTINUED)	14. d
	Page 1 of 2	

Title:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Roy A. James
_	12106 Saint Andrews Place, Building 1 Apt 102
	Miramar, FL 33025
CV: Effective date, if other than the datetive date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the dateive date is listed, the date must be s f filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date ctive date is listed, the date must be so filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a normalist (In accordance with section constitutes an affirmation I am aware that any false	nember/or an authorized representative of a member. 1.605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
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