

L15 000000 937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

W14-75980

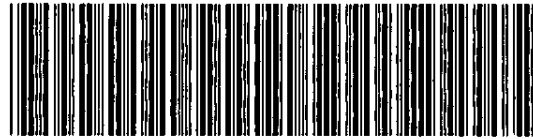
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200267445712

L15-937

12/17/14--01004--011 **70.00

11/14/14--01013--006 **30.00

FILED
15 JAN -2 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/28/15--01018--028 **30.00

JAN -5 2015

N. CAUSSEAU

L15-937

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RayZ 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:

Ravando Williamson
Name of Person

RayZ LLC
Firm/Company

2924 Stonegate Lane
Address

Middleburg FL 32068
City/State and Zip Code

rayanw3@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ravando Williamson at (904) 554-5143
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2014

RAYANDO WILLIAMSON
RAYZ LLC
2924 STONEGATE LANE
MIDDLEBURG, FL 32068

SUBJECT: RAYZ LLC
Ref. Number: W14000075980

We have received your document for RAYZ LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$55.00.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 314A00027093

Jan. 5. 2015 8:26AM

No. 8415
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN -2 PM 1:01
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RayZ LLC

(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:

Principal Office Address:

2924 Stonegate Lane

Middleburg Fl

32068

Mailing Address:

2924 Stonegate Lane

Middleburg Fl

32068

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 another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JULIE A Williamson

Name

4083 Sunbeam Rd #1812

Florida street address (P.O. Box NOT acceptable)

Jacksonville

City

FL

32257

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 Chapter 605, F.S.

Julie Williamson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

Name and Address:

Rayando Williamson

2924 Stonegate Lane

Middleburg FL 32068

MGR _____

Zaphary Williamson

2924 Stonegate Lane

Middleburg FL 32068

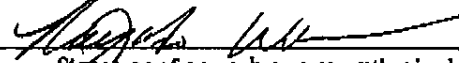
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Rayando Williamson

Typed or printed name of signer

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)

FILED
15 JAN -2 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA