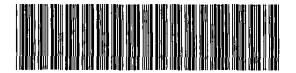
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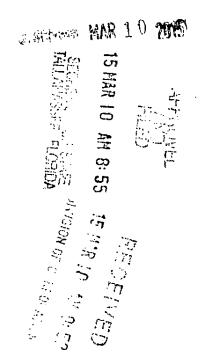
(Re	equestor's Name)	<del></del>
(Ac	ldress)	
(Ac	ldress)	<del></del>
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Brian	Rays H Name of Lim	ited Liability Company	zer and more "LL
The enclosed Articles of Or	ganization and fee(s) are	e submitted for filing.	
Please return all correspond	lence concerning this ma	atter to the following:	•
<u> </u>	Ilian B	Name of Person	
130'an	Ray's Han	Firm/Company	and more "LLC"
985	Havana H	Hwy Quiney H	Fla. 32352
		ity/State and Zip Code  Hone Com If for future annual report notifica	
For further information con	cerning this matter, plea	se call:	
/3rian	Person at (_	850         274-           Area Code         Daytime Tel	ephone 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)	E\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Brian Rays Hand, men Service, and more 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:  Mailing Address:
Ouincy Fla 32352 Quincy Fla 32352
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:
William Brian Ray Name
Florida street address (P.O: Box NOT acceptable)
Quiney FL 32352
Clty 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.
Bus An
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c

BR" = Authorized Member  B" = Manager  Authorized Member  But a stackment if necessary)  Effective date, if other than the date of filings  addate is listed, the date must be specific and ang.)	Brian Ray 985 Havana  Quincy Fla. 32352	Huy
Effective date, if other than the date of filing:	: 3/10/15 (OPTIONAL)  Id cannot be more than five business days prior to or 9	
Effective date, if other than the date of filing:	:	
Effective date, if other than the date of filing:	: _3/10//5^ (OPTIONAL) Id cannot be more than five business days prior to or 9	
Effective date, if other than the date of filing:	:	
Effective date, if other than the date of filing:	:	
Effective date, if other than the date of filing:	:	
Effective date, if other than the date of filing:	:	
Effective date, if other than the date of filing:	: 3/10/15^ (OPTIONAL) Id cannot be more than five business days prior to or 9	
Effective date, if other than the date of filing:	: (OPTIONAL) Id cannot be more than five business days prior to or 9	
: Other provisions, if any.		
<u>uired</u> signature:		
	in feet	
Signature of famember or (In accordance with section 605.0203 ( constitutes an affirmation under the pen I am aware that any false information signature.)	r an authorized regresentative of a member. (1) (b), Florida Statutes, the execution of this document natties of perjury that the facts stated herein are true.	
constitutes a third degree felony as prov	vided for in s.817.155, F.S.)	<u>জ</u>
constitutes a third degree felony as prov	vided for in s.817.155, F.S.)	TE SE
constitutes a third degree felony as prov	vided for in s.817.155, F.S.)  Sor printed name of signer	HAR 10
constitutes a third degree felony as prov	vided for in s.817.155, F.S.)  Brian Ray or printed name of signed  Filing Fees:	TE SE

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

ARTICLE IV-