

LI500077007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

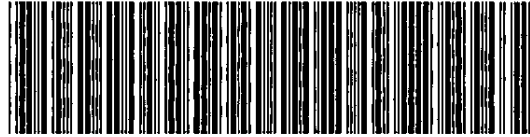
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
15 APR 16 PM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Silvers APR 27 2015

7571



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2015

TIMOTHY G HAYES AND ASSOCIATES PA  
21859 STATE RD 54 SUITE 200  
LUTZ, FL 33549

SUBJECT: RAYMOND LORING, LLC  
Ref. Number: W15000026050

We have received your document for RAYMOND LORING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 915A00007450

**TIMOTHY G. HAYES AND ASSOCIATES, P.A.**  
**Attorneys at Law**

Lakeview Professional Center  
21859 State Road 54, Suite 200  
Lutz, Florida 33549

**TIMOTHY G. HAYES**  
Telephone (813) 949-6525 • Fax (813) 949-6433  
e-mail: tghayes@mindspring.com

March 20, 2015

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: RAYMOND LORING, LLC**

Dear Sir or Madam:

Enclosed for filing please find the original and one copy of the Articles of Organization for the above limited liability company, along with a check in the amount \$125.00 for the filing fee and Designation of Registered Agent.

Sincerely yours,

  
DEBRAH MAYWORTH  
Legal Assistant  
HAYES & ASSOCIATES, P.A.  
21859 State Road 54, Suite 200  
Lutz, Florida 33549  
(813) 949-6525

/dm  
Encls.

**ARTICLES OF ORGANIZATION**

**OF**

**RAYMOND LORING, LLC**

**ARTICLE I -- NAME**

The name of the Limited Liability Company is: RAYMOND LORING, LLC

**ARTICLE II -- ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Raymond L. Kolpek  
18727 Milton Keynes Court  
Land O'Lakes, FL 34638

Mailing Address:

Raymond L. Kolpek  
18727 Milton Keynes Court  
Land O'Lakes, FL 34638

**ARTICLE III -- REGISTERED AGENT, REGISTERED OFFICE  
AND 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 Florida street address of the registered agent are:

Raymond L. Kolpek  
18727 Milton Keynes Court  
Land O'Lakes, FL 34638

*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, Florida Statutes.*



Registered Agent's Signature (REQUIRED)

FILED  
15 APR 16 PM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV -- MANAGEMENT**

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

Title:

Name and Address:

“AMBR” = Authorized Member

“MGR” = Manager

MGR

Raymond L. Kolpek  
18727 Milton Keynes Court  
Land O'Lakes, FL 34638

**ARTICLE V -- EFFECTIVE DATE**

Effective date, if other than the date of filing: N/A (OPTIONAL)

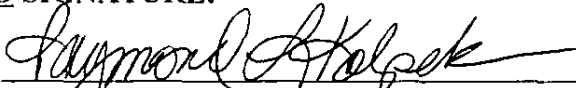
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI -- OTHER PROVISIONS**

Other provisions, if any.

NONE

**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.)

RAYMOND L. KOLPEK

Typed or printed name of signee

April 21, 2015

DATE

FILED  
15 APR 21 PM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)