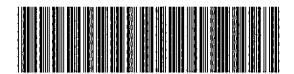
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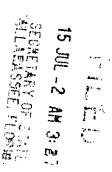
(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	, WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

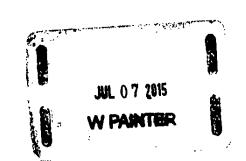
Office Use Only



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COVER LETTER

	istration S ision of Co	ection rporations			
SUBJECT:	Panacea	Oysters, L.L.C.			
Name of Limited Liability Company					
The enclosed	l Articles of	Organization and fee(s) ar	e submitted	for filing.	
Please return	all corresp	ondence concerning this ma	atter to the fo	llowing:	
J	eanne Ray				
_			Name of I	Person	
F	Panacea Oy	sters, L.L.C.			
_ -		· · · · · · · · · · · · · · · · · · ·	Firm/Con	прапу	
3	2 Southeas	t 2nd Ave., Apt. 608			
_			Addre	SS	
Γ	Delray Bead	h, FL 33444			
jea	anneray 120	C 4@bellsouth.net	City/State and	Zip Code	
	•	E-mail address: (to be used	for future ar	nual report notificat	ion)
For further info	ormation co	oncerning this matter, please	e call:		
Je	eanne Ray	56 at (-	501-7058	
_	Nan		rea Code	Daytime Telephon	e Number
Enclosed is a	check for t	he following amount:			
\$125.00 Fili		\$130.00 Filing Fee & Certificate of Status	Certifie) Filing Fee & d Copy l 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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Panacea Oysters, L.L. (Must end v		l Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limited	Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
32 Southeast 2nd Ave., Apt. 608 Delray Beach, FL 33444			32 Southeast 2nd Ave., Apt. 608 Delray Beach, FL 33444	
another business entity with an ac-			You must designate an individual or	
The name and the Florida street a	ctive Florida registratio	on.)	You must designate an individual of	
•	ctive Florida registration	on.)	You must designate an individual of	
•	ctive Florida registration	nn.) I agent are: Name e., Apt. 608		
•	ctive Florida registration ddress of the registered Jeanne Ray 32 Southeast 2nd Av	nn.) I agent are: Name e., Apt. 608		
•	ddress of the registered Jeanne Ray 32 Southeast 2nd Av Florida street addres	Name e., Apt. 608 s (P.O. Box NOT ac	cceptable)	

(CONTINUED)

Page 1 of 2

15 JUL -2 AM 3: 27 SEGRETARY OF STATE

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Jeanne Ray
	32 Southeast 2nd Ave., Apt. 608 Delray Beach, FL 33444
MGR	Jeanne Ray
	32 Southeast 2nd Ave., Apt. 608
	Delray Beach, FL 33444
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	te of filing: July 1, 2015 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
ARTICLE VI: Other provisions, if any.	**
REOUIRED SIGNATURE:	
lar	me Kay
Signature of a n	nember or an authorized representative of a member:
(In accordance with sec constitutes an affirmati	ction 605.0203 (1) (b), Florida Statutes, the execution of this tocument on under the penalties of perjury that the facts stated herein are true.
I am aware that any fals	se information submitted in a document to the Department of State.
constitutes a third degree	ee felony as provided for in s.817.155, F.S.)
Jeanne Ray	THE THE PARTY OF T

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)