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TALLAHASSEE, FLORIDA

16 JUN 14 AM 8:10

DIVISION OF CORPORATIONS

Albert Cazin, P.A.
Attorney at Law
Personal Injury, Probate and Real Property

2525 Park City Way
Tampa, Florida 33609

(813) 876-4190
(813) 876-4570 Fax

June 8, 2016

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: RAYMED HOMES, LLC

Gentlemen:

Enclosed herewith please find Articles of Organization for Florida Limited Liability Company, including cover letter and Designation of Resident Agent.

Further enclosed please find check in the amount of $125.00 payable to Division of Corporations, State of Florida, representing the filing fee for the enclosed Articles and Designation of Resident Agent.

If anything further is required, please do not hesitate to contact my office.

Sincerely,

ALBERT CAZIN

AC/md

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RayMed Homes, 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:

Frank V. Perez
Name of Person

RayMed Homes, LLC
Firm/Company

9521 W. Flora Street
Address

Tampa, Florida 33615
City/State and Zip Code

fperez4@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Cazin at (813) 876-4190
Name of Person | Area Code | Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
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:

RayMed Homes, 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:**
9521 W. Flora Street	9521 W. Flora Street
Tampa, FL 33615	Tampa, FL 33615

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:

Albert Cazin, Esq.
Name

2525 Park City Way
Florida street address (P.O. Box **NOT** acceptable)

Tampa	Florida	33609
City	State	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 JUN 14 AM 8:10

ARTICLE IV-
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	Frank V. Perez 9521 West Flora Tampa, FL 33615
AMBR	Raymundo Medina 6261 Oak Cluster Circle Tampa, FL 33634
AMBR	Marina Estela Roldan 6261 Oak Cluster Circle Tampa, FL 33634

(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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Frank V. Perez
Typed or printed name of signee

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)