

L 16 000 116 411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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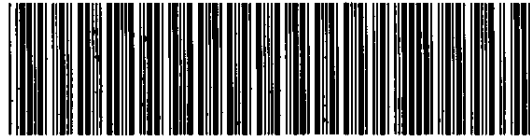
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUN 13 AM 11:32
TALLAHASSEE, FLORIDA

2016 JUN 13 AM 11:32

2016 JUN 14 AM 10:10

2016 JUN 14 AM 10:10
DIVISION OF REVENUE

JUN 21 2016

T. SCOTT

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

813

876-4190

at ()

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

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:

9521 W. Flora Street
Tampa, FL 33615

Mailing Address:

9521 W. Flora Street
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

City

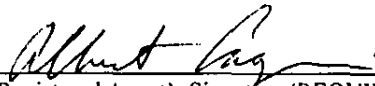
Florida

State

33609

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

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)