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09/06/17--01008--020 **320.00

17 SEP -6 FH 2: 35

COVER LETTER

TO: New Filing Section			
SUBJECT: Raynor LLC.			
SUBJECT: Raynor 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:			
Tami, Raynor Name of Person			
Name of Person			
Rayne- LLC Firm/Company			
1825 NW Corporate Blud Suite 110			
Boca Raton Fl. 33431 City/State and Zip Code			
raynor 5@ outlook, com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Tam; Raynoe at (56) 717-0449 Name of Person Area Code Daytime Telephone Number			
, take code they are the code			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & \text{Certified Copy} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy} \text{(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 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:	20	17 SEP -6 1 2:4;
Raynor LLC		± (HASS) = ± (HASS)
(Must contain the words "Limited Liability Compar	ny, "L.L.C.," or "LLC.")	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limi		
Principal Office Address:	Mailing Address:	
1825 NW Comporate Blud Suite 110 Boca Roton Fl. 33431		
ARTICLE III - Registered Agent, Registered Office, & Registered Age (The Limited Liability Company cannot serve as its own Registered Age		

FILED

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Tam: Raynoe

1825 NW Corporate Blvd Suite110
Florida street address (P.O. Box NOT acceptable)

Boca Raton Fl. 33431

City State Zio

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..

Manu Haynor

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager M & 2	Tani, Raynoe 1825 NW Corporate BIVE Suit Boca Raton Fl. 89431	۱۱.۵/۱۵
		1938 1103 H
		-6 -
(Use attachment if necessary)	- 	.>
NRTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and he date of filing.) Note: If the date inserted in this block does not meet the atthe document's effective date on the Department of State'	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will no	•
ARTICLE VI: Other provisions, if any.		-
REOURED SIGNATURE:	0	
This document is executed in ac-	r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.	
Tani, R	Aynoe To 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)