

# L19000144839

Florida Department of State  
Division of Corporations  
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**To:**

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**FLORIDA LIMITED LIABILITY CO.  
MCRAE STRATEGIC SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
19 JUN -7 AM 10:42  
TALLAHASSEE, FLORIDA

H19000181146 3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I NAME**

The name of the Limited Liability Company is:

MCRAE STRATEGIC SOLUTIONS, LLC

**ARTICLE II ADDRESS**

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

8210 MOCCASIN TRAIL DRIVE

RIVERVIEW, FLORIDA 33578

**ARTICLE III REGISTERED AGENT**

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

SHAYLIA MCRAE

8210 MOCCASIN TRAIL DRIVE

RIVERVIEW, FLORIDA 33578

*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.*

X /s/ Shaylia McRae

SHAYLIA MCRAE / Registered Agent's signature

H19000181146 3

H19000181146 3

PAGE 2 MCRAE STRATEGIC SOLUTIONS, LLC

**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER  
SHAYLIA MCRAE  
8210 MOCCASIN TRAIL DRIVE  
RIVERVIEW, FLORIDA 33578

.....

X /s/ Shaylia McRae  
SHAYLIA MCRAE / Authorized Representative's signature

*(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.)*

H19000181146 3