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COVER LETTER

New Filing Section

Division of Corporations

TO:

eup le ca		3 Enterprises LLC						
SUBJECT	·	Name	of Limi	ited Liabi	lity Company			
The enclos	sed Articles of	Organization and fe	e(s) are	submittee	I for filing.			
Please retu	ırn all correspo	indence concerning	this mat	ter to the	following:			
	Raymond P.	McKinney 111						
		·		Name o	f Person			_
	RAYMAC 3	Enterprises LLC						
				Firm/Co	ompany			_
	3742 Long G	rove Lane						
				Add	ress	-	E	202
	Port Orange	FL 32129						2020 SEP
	RAYMONDR	PM@aol.com	Cit	y/State a	nd Zip Code		(0.5) (0.5) (1)5) (1)	9
			e used f	or future	annual report notificati	on)		_ _
For further i	nformation co	ncerning this matter	, please	call:				6: 38
	Ray McKinne	¢у	386 at (,	290-1383			
	Nam	e of Person		ea Code	Daytime Telephon	e Number	•	
Enclosed i	s a check for th	ne following amoun	i:					
) Filing Fec	□\$130.00 Filing Certificate of Sta	Fee &	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	13160.00 Certificate Certified C (additional co	of Status Copy	&
	New Fi Division P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

RAYMAC 3 Enterp					
(Must cor	tain the words "Limited	Liability Company, "I	L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited L	iability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Addi	<u>ress</u> :	
3742 Long Grove L	ane		ong Grove Lane		
Port Orange FL 32	129	Port O	range FL 32129		
The name and the Florida stree	Raymond P. McKinr 3742 Long Grove La	ney 111 Name	eptable)	2020 SEP -9 AM 6: 38	
	Port Orange	Florida	32129	38	
	City	State	Zip	• •	
laving been named as registered lace designated in this certificat arther agree to comply with the p m familiar with and accept the c	e, I hereby accept the app provisions of all statutes r obligations of my position	ointment as registered elating to the proper a	agent and agree to act nd complete performan provided for in Chapte.	in this capacity. I ce of my duties, and I	

ARTICLE IV-

1 . . .

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

"AMBR" = Authorized Member "MGR" = Manager		
MGR	Raymond P. McKinney 111	
	3742 Long Grove Lane Port Orange FL 32129	
	Port Orange Pt. 32129	
		
		
		
		
		
(I lag atturbusent if numerous)		
(Use attachment if necessary)		
n effective date is listed, the date must late of filing.)	be specific and cannot be more than five business days prior to not meet the applicable statutory filing requirements, this date w	or 90 days a
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RAYMOND P. MCKINNEY 111 3742 LONG GROVE LANE PORT ORANGE, FL 32129

RAYMAC 3 ENTERPRISES LLC

This will be a new Manufacturers Rep business with no other employees.

Thank you, R.P. McKinney 386-290-1383 Mobile

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