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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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	INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666			
		W	ALK IN	
		PICK UP:	02/09/2023	_
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COVER LETTES

TO: New Filing Section Division of Corporations

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Raymond Marketing LLC SUBJECT.

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:

Kyle Raymond

Name of Person

Raymond Marketing LLC

Firm/Company

2860 NE 14th Street Causeway, #4021

Address

Pompano Beach, FL 33062

City/State and Zip Code

kvleraymond5@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Raymond	831	713-7004
	_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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLE I - Name

The name of the Limited Liability Company is

Raymond Marketing LLC

(Must contain 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:	ECKE TALL	123 FE	
Principal Office Address:	Mailing Address:	IAR	6-9	frame Antenen Antenen
2860 NE 14th Street Causeway, #402D Pompano Beach, FL 33062	2860 NE 14th Street Causeway, #402 Pompano Beach, FL 33062		AM	577
RTICLE III - Registered Agent Desistand (105-			ចូ	العادية المناجعة المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة المنطقة المنطقة المنط المنطقة المنطقة

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۸ E 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.

Kyle Raymond Name 2860 NE 14th Street Causeway, #402D Florida street address (P.O. Box NOT acceptable) PompanoBeach FL 33062 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)

ARTICLE IV-

. . .

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	Kvlc Raymond <u>2860 NE 14th Street Causeway, #402D</u> Pompano Beach, FL 33062	2023 FEB 19 AF	
		E. TALE	

(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 afte: 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 a: the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:

Signaturger a member of 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 Star constitutes a third degree felony as provided for in s.817.155. F.S.

KvlcRavmond

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)