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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

RAYMOND & JOYCELYN, L.L.C.

RECEIVED

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TALLAHASSEE, FLORIDA

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Certificate of Status	0
Certified Copy	1
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[Handwritten signatures and initials over the table and to the right]



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 28, 1999

EMPIRE CORPORATE KIT COMPANY

SUBJECT: RAYMOND & JOYCELYN, L.L.C.
REF: W99000029505

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

FAX Aud. #: H99000033216
Letter Number: 099A00060425

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(5)

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

RAYMOND & JOYCELYN, L.L.C.

The undersigned member, for the purpose of forming a Florida Limited Liability Company under the provisions of the Florida Statutes, does hereby adopt the following Articles of Organization.

**ARTICLE I
Name**

The name of the Limited Liability Company is: RAYMOND & JOYCELYN, L.L.C.

**ARTICLE II
Address**

The mailing and street address of the principal office of the Limited Liability Company is:
Ridge Vale Circle, Valrico, Florida 33594.

**ARTICLE III
Duration**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV
Management**

The Limited Liability Company is to be managed by the members, and the names and addresses of the managing members are:

Raymond Sheely 3015 Ridge Vale Circle, Valrico, Florida 33594

Joycelyn A. Sheely 3015 Ridge Vale Circle, Valrico, Florida 33594

**ARTICLE V
Admission of Additional Members**

The right, if given, of the members to admit additional members, and the terms and conditions

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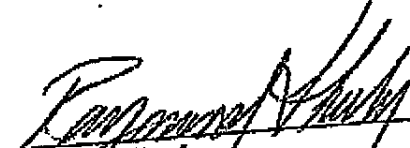
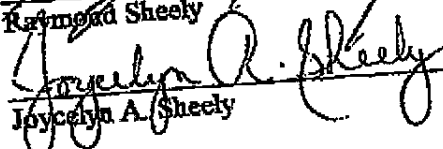
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of the admissions shall be determined when and if the occasion should arise.

ARTICLE VI
Members Rights to Continue Business

The right of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in a limited liability company shall be: perpetual.

Dated: 27 Oct 99


Raymond Sheely

Joycelyn A. Sheely

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE
OF RAYMOND & JOYCELYN, L.L.C.**

Pursuant to the provisions of §608.415 Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the Registered Agent/Registered Office, in the State of Florida.

1. Name of the Limited Liability Company is: RAYMOND & JOYCELYN, L.L.C.

2. The name and address of the registered agent and office is:

ROBERT C. JENSEN 5979 NW 15th Street Ste 208 Miami Lakes Fla 33094

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designed 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 completed performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 12/27/99

Robert C. Jensen
Name:

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TALLAHASSEE, FLORIDA

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In accordance with §608.403(3) Florida Statutes, and under penalty of perjury, I hereby affirm
that the facts stated herein are true.

Ramond Phibbs *Joyce A. Shelby*

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TALLAHASSEE, FLORIDA

State of Florida

County of:

Sworn to and subscribed before me this

27TH day of OCTOBER, 1999, by

Ramond Phibbs *Joyce A. Shelby*

who is personally know to me or who presented

DRIVERS Lic
as identification.

Senof T. Maurer
Notary Public

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