

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (718)889-7420

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
RAYL LLC

Certificate of Status	0
Certified Copy	0
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601-601-1000

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March 6, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES

SUBJECT: RAYL LLC
REF: W20000024935

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Carlos E Rico
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000074743
Letter Number: 120A00005003

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RAYL LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 22 Beverly Ave.
(Street Address of Principal Office)

Copiague, NY 11726

6. 22 Beverly Ave.
(Mailing Address)

Copiague, NY 11726

2020-03-06 PM 4:45
FILED

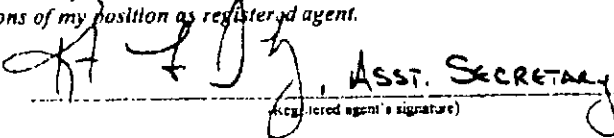
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BlumbergExcelsior Corporate Services, Inc.

Office Address: 155 Office Plaza Dr., 1st Fl.

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:
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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Asst. Secretary
(Registered agent's signature)

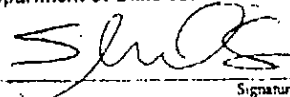
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Terrayl Edwards	<input type="checkbox"/> Manager	Name: Satarrah Edwards
<input checked="" type="checkbox"/> Member	Address: 22 Beverly Ave.	<input checked="" type="checkbox"/> Member	Address: 22 Beverly Ave.
<input type="checkbox"/> Authorized	Copiague, NY 11726	<input type="checkbox"/> Authorized	Copiague, NY 11726
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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 State constitutes a third degree felony as provided for in s.817.155, F.S.

* 

Signature of an authorized person

Satarrah Edwards

Typed or printed name of signee

State of New York
Department of State } ss:

I heroby certify, that RAYL LLC a NEW YORK Limited Liability Company
filed Articles of Organization pursuant to the Limited Liability Company
Law on 03/04/2020, and that the Limited Liability Company is existing so
far as shown by the records of the Department.

I further certify, that no other documents have been filed by such
Limited Liability Company.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 04th day of March
two thousand and twenty.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

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