## L01000003351

To Whom It May Concern:

Him

My name, address and phone # is as follows:

Richard R. Radatz, Jr. 403 E. Center St. Rochester, MN 55904

M

K Stareloi

(507) 289-1170

200003791182---1 -03/01/01--01063--009 ---\*\*\*\*125.00 \*\*\*\*125.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	ted Liability Company is:	RAL.	Limousin	E, 420	<u>-</u>
		·			
ARTICLE II - Addre					
The mailing address ar	nd street address of the pr	rincipal office of	the Limited Liebilis	··· Commons :	
$\mathbf{y}, \mathbf{v}, \mathbf{v} \circ \mathbf{x}$	482	463 F	LENTER ST	/ Company is:	
ROUNESTER	182 , mn	Paris	STER, MN		
	, 55903	100 ars	31 E.K., 11110 35 904	. /	
ARTICLE III - Regis	stered Agent, Registered	Office, & Regis	stered Agent's Sign	/ ature:	
	ida street address of the r				
	sarett address of the fi	cgisicied agent a	re:		
	KICHARO 1	K. KADA	472, PR		,
	11214 646	Name La	XI, FR	والموراتينية المحاجرة	**
	Florida street address	S (P.O. Pow NOT)			
	TACKSONVIL	s (1.0. box <u>no 1</u> ac	Ceptable)		
	City.	, State, and Zip	<u> </u>		
Having been named as	registered agent and to ac	eant naming of		<b>* *</b>	
liability company at the	nlace designated in this o	cepi service oj pro	ocess for the above sta	nted limited	
agent and agree to act	place designated in this co	eriyicaie, 1 nerebj	y accept the appointm	ent as registere	ed
relating to the proper a	in this capacity. I further a	igree to comply w	nth the provisions of a	ıll statutes	
ohligations of my positi	nd complete performance of	oj my duties, and	I am familiar with and	d accept the	
estigations of my position	on as registered agent as p	roviaea for in Ch	apter 608, F.S		
	The same				
	Posin	22			
	Kegisi	tered Agent's Signa	ture		
Article IV - Manager	nent (Check box if appl	icable.)			
The Limited Liabi	ility Company is to be ma	anaged by one m	anager or more men		
therefore, a manager -	managed company	anagon by one in	anager or more mans	igers and is,	
,	gow company.				
/ A X	ر بر ما فحرف و ادادوا		_		
(An ad	ditional article must be at	dded if an effecti	ve date is requested)	,	
<u> </u>	Mun 1	Andr			
Sign	iature of a member or an au	thorized represent	ative of a member.		
(In	accordance with section 608.	408(3), Florida Stat	utes the execution		
OI L	uis document constitutes an at	Hirmation under the	penalties of perjury	<b>=</b>	
that	t the facts stated herein are tru	ie.)	·	SE O	
	KIWARD R	- KADA	TO FR	CR €	
TICEEV -	Typed or prin	ted name of signee		\$7 <b>\$</b>	
VEE V				SE -	=
1	Filing F	ees:		mo æ	Ė
FECTIVE VAT	<b>\$100.</b> 00	Filing Fee for Arti	cles of Organization	AM IO: 03 OF STATE E. FLORIDA	Ų.
-//	\$ 25.00	Designation of Reg	istered Agent		
2/24/01		Certified Copy (Or		<u></u>	
	5 5.00 (	Certificate of Statu	is (Optional)	,D	