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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:	





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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

Tallahassee, Florida 32399

SUBJECT: RIVER OF GRASS T		
(Name of Limited Liability	y Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matte	r to the following:	
•	·	
₽ ~		
F. BRUCE CORNEAL		
(Name of Person)		
,		
·		
CORNEAL DEUELOPHENT CO.		
(Firm/Company)		
1225 N.B. 16th Terrace		
1225 N.B. 16 M Terrace (Address)		
,		
FOR LANGERDALE EL Z	2204	
FORT LAUDERDALE F1 33304 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
KAREN J. KENNEDY at (95) (Name of Person) (Are:	54 761-9441	
(Name of Person) (Area	a Code & Daytime Telephone Number)	
•	•	
STREET ADDRESS:	AILING ADDRESS:	
	egistration Section	
-	vision of Corporations	
	O. Box 6327	

Tallahassee, Florida 32314

SECRETARY OF STALE
DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
RIVER OF GRASS IMPORTS	LLC
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
	Mailing Address:
PORT LAUDERDALE PISSEDY	PORT LAUDER DALE, F1 3
ARTICLE III - Registered Agent, Registered Office, &	& Registered Agent's Signature:
The name and the Florida street address of the registered ε	agent are:
KAREN J. KENNE	=0 Y
Name	03 UKS
1225 NE 164 T	O3 JUL
Florida street address (P.O. Box NOT	acceptable) = 🚍
FORT LAUBERDALE PI	3 330/ A SECTION OF SE
City, State, and Zip	F S I
Having been named as registered agent and to accept serve liability company at the place designated in this certificate, registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance of accept the obligations of my position as registered agent as Registered Agent's Signature	ice of process for the above stated limited of a limited of the appointment as a gree to comply with the provisions of all of my duties, and I am familiar with and s provided for in Chapter 608, F.S

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	KAREN J. KENNEDT 1225 NE 16 M TERRACE PORT LAUDERDALE, FI 33304
MGR	F. BRUCE CORNEAL 1225 NE 16# TERRACE PORT LAUDERDALE, P. 33304
MGR	LOIS A. KENNEDY 1363 BIG PINE DRIVE VALRICO, FLORIDA 33594
· • • • • • • • • • • • • • • • • • • •	

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KAREN J. KENWEDY

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)