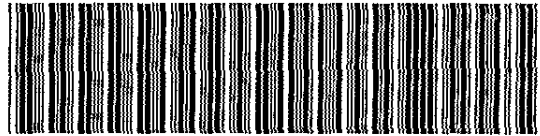


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CLERK OF STATE
TALLAHASSEE, FLORIDA



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125.00
~~125.00~~

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

03 AUG -7 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Ronda & Associates LLC
(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:

RONOA KONTAK

(Name of Person)

Ronda and Associates LLC

(Firm/Company)

2326 Del Prado Blvd S

(Address)

Cape Coral FL 33990

(City/State and Zip Code)

For further information concerning this matter, please call:

Ronda Kontak

(Name of Person)

at (239) 292-5155

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

03 AUG - 1 PM 2:49

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ronda C Associates U

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Ronda C Associates c/o RMax
2326 Del Prado Blvd
Cape Coral FL 33990

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Ronda Kontak

Name

2326 Del Prado Blvd

Florida street address (P.O. Box **NOT** acceptable)

Cape Coral FL 33990

City, State, and 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 608, F.S..

Ronda Kontak

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

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03 AUG -7 PM 2:49

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Ronda Kontak
2326 Del Prado Blvd S
Cape Coral FL 33990

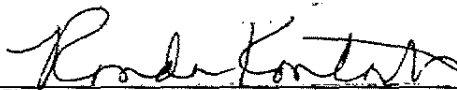
MGRM

Steve Kontak
799 Westside Dr
Aurora In 47001

(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.)

RONDA KONTAK

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)