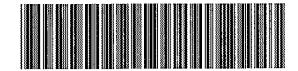
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: RHINO LC
(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:
danie butler (Name of Person)
RHINO LC (Firm/Company) P.O.b. 185 (Address)
P.O.b. 185 (Address)
woodville fl. 32362 wg (City/State and Zip Code)
For further information concerning this matter, please call:
doniel butler at (863) 687 - 4466 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS: Pariettein Services

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liability Company is:	RHINO	LC	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of th	e Limited Liabi	ility Company is:
Principal Office Address:	Mailing	Address:	
IDAO W. MAIN ST AKELAND PL 33815	PO.6 W000		2362
ARTICLE III - Registered Agent, Registered	Office, & Regist	ered Agent's S	ignature:
The name and the Florida street address of the regarding by Name 942 McDone Florida street address (P.O. [akeland City, State, and	otler D ST Box NOT acceptabl	 le)	SECRETARY OF STATE ONVISION OF COMPORATIONS 03 OCT -9 PM 2: 39
Having been named as registered agent and to acliability company at the place designated in this cregistered agent and agree to act in this capacity, statutes relating to the proper and complete perfoaccept the obligations of my position as registered.	ertificate, I hereb I further agree to frmance of my du	ry accept the app to comply with t ties, and I am fa	pointment as he provisions of all miliar with and
Registered Agent's	s Signature		-

(CONTINUED)

<u>Fitle:</u> 'MGR" = Manager	Name and Address:
'MGRM" = Managing Member	Caniel butter Porb. 185
	usparille fl. 32362
	
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Use attachment if necessary)	

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.)

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)