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TRANSMITTAL LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: RAINBOW RENOVATIONS, 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:			
PHILIP ROSSANA			
(Name of Person)			
RAINBOW RENOVATIONS LLC			
(Firm/Company)			
214 SANDPINE ROAD			
(Address)			
INDIALANTIC, FL 32903			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
PHILIP ROSSANA at (321) 773-6030			
(Name of Person) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RAINBOW RENC	OVATIONS, LLC	<u> </u>
ARTICLE II - A	Address:	
The mailing addr	ress and street address of the p	orincipal office of the Limited Liability Compar
Principal Office	Address:	Mailing Address:
214 SANDPINE I	ROAD	214 SANDPINE ROAD
INDIALANTIC. FL 32903		INDIALANTIC. FL. 32903
		•
	e Florida street address of the	ed Office, & Registered Agent's Signature: registered agent are:
		registered agent are:
	e Florida street address of the PHILIP ROSSANA	registered agent are:
	e Florida street address of the PHILIP ROSSANA Nam 214 SANDPINE ROAD	registered agent are:
	PHILIP ROSSANA PHILIP ROSSANA Nam 214 SANDPINE ROAD Florida street address (P	registered agent are: e O. Box NOT acceptable) FLORIDA 32903
	PHILIP ROSSANA PHILIP ROSSANA Nam 214 SANDPINE ROAD Florida street address (P	e C.O. Box NOT acceptable) FLORIDA 32903
The name and the great state of the same and the great the place des	PHILIP ROSSANA PHILIP ROSSANA Nam 214 SANDPINE ROAD Florida street address (P INDIALANTIC City, State egistered agent and to accept so	registered agent are: O. Box NOT acceptable
The name and the great state of the same and the great the place desson act in this capacit	PHILIP ROSSANA PHILIP ROSSANA Nam 214 SANDPINE ROAD Florida street address (P INDIALANTIC City, State egistered agent and to accept so signated in this certificate, I he ty. I further agree to comply w	registered agent are: e O. Box NOT acceptable) FLORIDA 32903

Page 1 of 2 (CONTINUED)

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

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	PHILIP ROSSANA 214 SANDPINE ROAD
	INDIALANTIC, FL. 32903
	· <u>······························</u>
(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member or	SMU an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
DHII ID DOSSANA	

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)

Typed or printed name of signee