## 

(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:				





03/08/04--01075--026 \*\*125.00

## TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations		- 		
SUBJE	CCT: KenRice (Name of	Dry (1/2// 1_2)  f Limited Liability Company)	1.		
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Ken Ric				
	·	(Name of Person)			
	Ken Ric		110		
		(Firm/Company)			

11255 Fisherold Mill Koad
(Address)

This Han Flor 32583

(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Rice at (850) 626-7821 (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

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Ken Rice Dry	NAI/ LIC.
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
KON RICE IV	Ken Rice
11255 Fisherok Mill RJ	11255 FISherOHMIIR
Milton, A:32503	Milton, AT 32583
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registe	Table and
Ken Rice	
Florida street address (P.O. Box)	
Milton City, State, and Zip	FLORIDA 32583
ng heen named as registered agent and to accept service a	f process for the above stated limited liability

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, Florida Statutes..

Registered Agent's Signature

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>litle:</u>	Name and Address:	· <u>-</u>
'MGR" = Manager 'MGRM" = Managing Member	Ken Rice, Jr.	
MGR	11255 - 15 hor OH Mill	KL 1997
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(Use attachment if necessary)	SECHE DAY ALLASSE	OL HAR -8
	must be added if an effective date is requested.	
REQUIRED SIGNATURE:  Signature of a memb	per or an authorized representative of a member.	,
	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

Typed or printed name of signee