L04000026617

(Requestor's Name)	
(Address)	<u></u>
(Address)	
(City/State/Zip/Phone #)	H ₄ -
PICK-UP WAIT MAIL	
(Dunings Fuith Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	- 1

Office Use Only



100031322471

03/29/04--01063--003 **125.00

2004 MAR 29 PM 3: 28

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: OPRINKLES By Kich 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:
Richard C. Evans
(Name of Person)
Spenklers By Rich LLC
(Firm/Company)
1608 29th Street North
(Address)
St. Ketersburgi FLA 33713
(City/State and Zip Code)
For further information concerning this matter, please call:
Kichard C. Evans 727, 459-3092
(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 ET ODIDA I MATTETA I LADIT PESZONADANSZ

	OF ORGANIZATION FOR ED LIABILITY COMPANY	CAMAR SOLL
RTICLE I - Name: ne name of the Limited Liability Compan	•	MASSEE POPATONS
RTICLE II - Address: ne mailing address and street address of the	ne principal office of the Limited Liability Con	npany is:
	ne principal office of the Limited Liability Con	npany is:
e mailing address and street address of the	•	npany is:
e mailing address and street address of the	•	npany is:

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

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

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..

Page 1 of 2 (CONTINUED)

		In the Ky
ARTICLE IV- Manager(s) or Managin The name and address of each Manager of		THE PARTY OF THE P
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	Contraction of the second
MGRM	Kichard Q. E. Van. 1608 29th Street N St. Petersburg,	5 1 533713
· ·		
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requeste	d.
REQUIRED SIGNATURE:	Mary	
	uthorized representative of a member.	
(In accordance with section 608, of this document constitutes an a that the facts stated herein are true.)	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury ie.)	

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)

Kichard C. Evans
Typed or printed name of signee