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TRANSMITTAL LETTER

TO: Registration Section	2
Division of Corporations	Way King
SUBJECT: Karedise 11C	Mach September 1 Control of the Cont
(Name of Limited Liability Company)	1850 C
	(E.M.)
The enclosed Articles of Organization and fee(s) are submitted for filing.	1777 60
Please return all correspondence concerning this matter to the following:	300 AS
Kail Bruns (Name of Person)	
Karedice 11C (Firm/Company)	
5575 Schefflers place	
// (Addréss)	
C-12nt, Fl 32949 (City/State and Zip Code)	
For further information concerning this matter, please call:	
X3r	

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

The Control of the Co
AMOCA SECTIONS
1. 10g/p

ARTICLE I - Name:

The name of the Limited Liability Company is:

Karedise 11C

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5575 Schefflers place 5575 Schefflers Place Grant, Fl 32949 Grant, Fl 32949

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name

SS75 Schefflers Place

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

Grant FLORIDA 32949
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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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		J. 30
ARTICLE IV- Manager(s) or Managin The name and address of each Manager		AMOCK SEC. FLORIDAS
Title:	Name and Address:	The state of the s
"MGR" = Manager	Name and Address.	The state of the s
"MGRM" = Managing Member		(0)/0, °
Managing Hember	Regine Bound 5575 Scheffler Grant, Fl 3294	o place
also officially and if		
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is reque	ested.
REQUIRED SIGNATURE:		
100		
Signature of a market over a		
_	uthorized representative of a member.	
of this document constitutes an a that the facts stated herein are true.		
_ Karl Bru	nted name of signee	
Typed or pri	nted 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)