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SECRETARY OF STATE ALLAHASSEE, FLORID

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TRANSMITTAL LETTER

Division of Con						
SUBJECT: Patricia h	lennings Kaminski LLC	f Liability Company)		-		
The enclosed Articles of	F Organization and fee(s) are se					
Please return all corresp	ondence concerning this matte	r to the following:				
	Patricia A Hennir					
	(1)	Name of Person)	-			
	Patricia Hennings		·····			
	(i	Firm/Company)				
	13138 Radcliffe I	Or				
-		(Address)				
	Fort Myers	Fi 33912		SECR TALLA	2004 Ni	
	(City/	State and Zip Code)		ETA!	ON 2	
For further information	concerning this matter, please	call:		SEE, FI	2004 NOV 22 FN 4: 46	
Patricia A Hennings (Name	s Kaminski of Person)	at (239) 561-67 (Area Code & Daytime To		GF STATE EE, FLORIDA	94 #	
Enclosed is a check for	or the following amount:					
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Standard Certified Copy (additional copy is expressed)	itus &		
	ET ADDRESS:	MAILING A				

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

ARTICLE I - Name:

The name of the Li	mited Liability Compan	y is:							
Patricia Hennings	Kaminski LLC					_			
ARTICLE II - Add The mailing address	dress: s and street address of the	ne principal of	ffice of t	the Li	imited Li	ability Cor	mpany is:	:	
Principal Office A	ddress:	Mailin	g Addro	ess:					
13138 Radcliffe Dr		13138	Radcliffe	. Dr					
Fort Myers FL	33912	Fort M	yers	FL	33912		<i>-</i> -		
	gistered Agent, Regist lorida street address of Patricia A Hennings Ka	the registered	~		l Agent's	s Signatur	SECRETARY OF TALLAHASSEE.	2004 NOV 22 PM	TIT
	N	lame					E.S.	£.	-
	13138 Radcliffe Dr						SAC C	94:	
	Florida stre	et address (P.O. l	Box NOT	acce	otable)		Ä	0,	
,	Fort Myers	FL	33912						
	City, S	tate, 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, F.S..

Patricia a. Hennings Kaminski Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Mana "MGRM" = Ma		Name and A	ddress:				
MGRM		Patricia A Hennings Kaminski 13138 Radcliffe Dr					
	m V isara da						
		Fort Myers	FL	33912			
				· ·			

	· · · · · · · · · · · · · · · · · · ·						
(Use attachment	t if necessary)						
NOTE: An add	ditional article must be	added if an ef	fective da	ate is requested.			
REQUIRED SI	GNATURE:						
	Patricia d. Signature of a member or		Kam epresentati	ve of a member.	SECRET/ TALLAHA	2004 NOV	<u></u>
	(In accordance with section of this document constitute that the facts stated herei	s an affirmation u	ida Statutes nder the pe	, the execution nalties of perjury	SSEE, I	22 PM	FED
	Patricia A Hennin	ngs Kaminski)]: S	+:	-
		or printed name o	f signee	 .	PATE BETE	34 :4	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)