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2005 JAN 28 A ₹ 31

| SECRETARY OF TALLAHASSEE, F | STATE |
|---|-------|
| (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: | |
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| | |
| Office Use Only | |



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FILED TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | 2005 J, | N 28 A 3: 31 | | | |
|---|---|--|--|--|--|
| SUBJECT: L. Rhoades, L. (Name of Lin | SECRE TALLAH nited Liability Company) | - · | | | |
| The enclosed Articles of Organization and fee(s) a | re submitted for filing. | | | | |
| Please return all correspondence concerning this re | natter to the following: | | | | |
| Lawrence f | Name of Person) | <u> </u> | | | |
| L. Rhoades, LLC. (Firm/Company) | | | | | |
| | (Firm/Company) | | | | |
| 8137 Eider Drive | | | | | |
| · | (Aumess) | | | | |
| Orlando, FL 32825 (City/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Lawrence Rhoades (Name of Person) | at (407) 247- (Area Code & Daytime T | elephone Number) | | | |
| Enclosed is a check for the following amount: | | | | | |
| □ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate of Status | & S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| STREET ADDRESS. | MAILING A | DDRFSS. | | | |

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LABILITY COMPANY

| ARTICLE I - Name: | shilit. Campany | ia. | SECRETARY TALLAHASSEE | OF STATE • FLORIDA |
|--|--|--|--|---|
| The name of the Limited Li | aomty Company | IS. | | |
| L. RL | oades, | LLC | | |
| ARTICLE II - Address: The mailing address and stre | eet address of the | e principal of | fice of the Limit | ed Liability Company is: |
| Principal Office Address: | | <u>Mailing</u> | Address: | |
| 8137 Fider Orlando, FL | Drive 32825 | - 8 | 137 Eider Hando, E | - Drive -L32825 |
| ARTICLE III - Registered | l Agent, Registe | red Office, & | & Registered Ag | ent's Signature: |
| The name and the Florida st | reet address of th | ne registered | agent are: | |
| Lau | JRENCE I | RHOADES | | |
| | Na | me | h | |
| 8/3 | 7 EIDER | DRIVE | | |
| | | | Box <u>NOT</u> acceptabl | e) |
| OR | City, Sta | FL ite, and Zip | 32825 | |
| Having been named as reg liability company at the registered agent and agree statutes relating to the pro accept the obligations o | place designated to act in this cape oper and complete | in this certificacity. I further performance egistered age | cate, I hereby acc er agree to comply e of my duties, an | ept the appointment as v with the provisions of al d I am familiar with and |

(CONTINUED)

Registered Agent's Signature

| ARTICLE IV- Manager(s) or Manager and address of each Manager | | LED |
|--|---|-------------|
| Title: | Name and Address. | |
| "MGR" = Manager "MGRM" = Managing Member | ²⁰⁰⁵ JAN 2 | 8 A 3:31 |
| | LAWRENCE RHOADTARLAHASSE BI37 EIDER DR | - ~ 5:31 |
| <u> M 6R</u> | BI37 EIDER DR | E. FI NOTE |
| | ORCANDO EC 32825 | LUNIUA |
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| | | |
| (Use attachment if necessary) | | |
| NOTE: An additional article must | be added if an effective date is requested. | |
| REQUIRED SIGNATURE: | | · · · · · · |
| | | |
| Signature of a member | or an authorized representative of a member. | |
| (In accordance with sec of this document consti that the facts stated he | tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.) | |
| LAWRENCE | 5 RHOADES ped or printed name of signee | ., 4 fa ≺ |
| Tyr | ped or printed name of signee | |

istine.

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)