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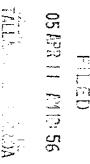
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T. Brumbley APR 1 3 2005

TRANSMITTAL LETTER

	sistration Section ision of Corporations		
SUBJECT:	E and K Dev., LLC		
50202011		Liability Company)	
The enclosed	d Articles of Organization and fee(s) are su	bmitted for filing.	
Please return	all correspondence concerning this matter	to the following:	
	John Claude Bahrenburg		
	(N	ame of Person)	
	Law Office of John Claud	le Bahrenburg	
	(F	irm/Company)	
	241 Main Street, Suite 5	01	
_		(Address)	
	Hartford, CF 06106		
	(City/S	State and Zip Code)	
For further in	nformation concerning this matter, please o	eall:	OS APPR 11 PR 10: 5
John Cla	ude Bahrenburg	at (860) 761-102	23 25 7
	(Name of Person)	(Area Code & Daytime Te	(ephone Number)
Enclosed is	a check for the following amount:		5. 5.
☐ \$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	, ILC		
ARTICLE II - Ad	ldress:		
The mailing address	ss and street address of t	the principal office of the Limited Liability	Company is:
Principal Office A	ddress:	Mailing Address:	
300 Leafwood H	Road	P. O. Box 568	
Tarpon Springs		Tarpon Springs, FL 34688	
		. 1 <u>1</u>	
The name and the l	John Claude Bahrenburg		<u>.</u> 9
		renburg Name	95 APR 11 1
	340 Moorings Co	Name	·
	340 Moorings Co	Name	·
	340 Moorings Co	Name	·
	340 Moorings Con Florida stro Tarpon Springs	Name	APR 11 AM IO: 56

Registered Agent's Signature John Claude Bahrenburg

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Chareline Rogers
	P. O. Box 568
	Tarpon Springs, FL 34688
	
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
(In accordance with secti of this document constitu that the facts stated her	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
Chareline Ro	ogers S
Туре	rein are true.) Ogens ed or printed name of signee
Filing Foor	- Indian - I
Filing Fees:	ization and Designation
\$125.00 Filing Fee for Articles of Organi	zation and Designation
of Registered Agent \$ 30.00 Certified Copy (Optional)	毫 5
\$ 5.00 Certificate of Status (Optional)	# 6