## L05000053508

(Re	questor's Name)	
	muera	
Rehabilitatio	ern Kentuck n Industries, . BOX 1692 ITUCKY 40702-16	Inc.
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Lise On	ŧ



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05/23/05--01027--016 \*\*125.00

FILED

2005 HAY 23 PH 12: 02

2015 HAY 23 PH 12: 02

Joseph E Murray 564 Kirkwood Drive London, KY 40744

May 6, 2005

Department of State Division of Corporations Corporate Filings PO Box 6327 Tallahassee, FL 32314 PINS MAY 23 PM 12: 02

ONY DE CONTROL PLORIDA

ONY DE

Re: Articles of Organization/Original Appointment of Agent

Dear Sir,

Enclosed please find an original and one copy of Articles of Organization. Also enclosed you will find my check in the amount of \$125.00 which pays the filing fee of \$125.00 and the Registered Agent Fee of \$25.00.

Please file and provide a "filed" copy to me, together with any information you commonly provide to new LLCs.

Please contact me if you require anything further. My daytime telephone number is 606-528-7490 x 22.

With kindest regards, I am

Sincerely yours,

Joséph E Murray

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name:	FILED
ARTICLE I - Name: The name of the Limited Liability Company is:    NNOVATIVE   NEW ESTATE, 22C    ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Compis:	o <b>an</b> y
PORT CHANCOTTE, FLORIDA 33948	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:	
JOSEPH & MURRAY	
Name	
4454 WANKOOP CIRCLE	
Florida street address (P.O. Box NOT acceptable)	
PUNT CHARLOTTE FL 33948	
City, State, and Zip	
limited liability company at the place designated in this certificate, I hereby access appointment as registered agent and agree to act in this capacity. I further agree to complete provisions of all statutes relating to the proper and complete performance of my duties, am familiar with and accept the obligations of my position as registered agent as provided Chapter 608, F.S.  Registered Agent's Signature  Article IV. Management to the place designated in this certificate, I hereby acceptage to the place of the proper and complete performance of my duties.  Registered Agent's Signature	y with and
Article IV - Management (Check box if applicable.)	
The Limited Liability Company is to be managed by one manager or more managers	and
is, therefore, a manager - managed company.	
(An additional article must be added if an effective date is requested)  Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
JUSEPH & MURRAY	
Typed or printed name of signee	