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(Requestor's Name)	
(Address)	-
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(Business Entity Nar	me)
(546)11656 21143 1141	,
(Document Number)	
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SECRETARY OF STAL

TRANSMITTAL LETTER

Registration Section Division of Corporations

, TO:

SUBJECT: RAINDANCE DEVELOPMENT LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
NORMAND THADDEE GADOURY (Name of Person)
(Name of Person)
GADOURY & GADOURY & ASSOCIATES, INC.
(Lam company)
P.O. BOX 60211
P.O. BOX 602/1 (Address)
- 111-1- 01 2700/
Fr. MYERS, FL 33906 (City/State and Zip Code)
For further information concerning this matter, please call:
NORMAND THADDEE GADOURY at (237) 340.5443 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) (additional copy is enclosed)
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

Raindance Development LLC

13 June 2005

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Please find required Articles of Organization, Transmittal Letter, and requisite check required to register *Raindance Development LLC*.

Yours truly, the undersigned, Normand Thaddee Gadoury, 13130 Burning Tree Ave, Ft. Myers, FL 33919, shall serve as Registered Agent. I can be reached during the day at 239.340.5443. Thank you.

Sincerely, Normand Thaddee Gadoury, MGRM Cc: electronic file	ZECRETARY OF S TALLAHASSEE. FL	
P.O. Box 6021 Ft. Myers, FL 33 (239).340.5443	1 : 21 906 : 21	~

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAINDANCE DEVELOPMENT LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

13130 BURNING TREE AVE

P.O. BOX 60211 FT: MYERS, FL 33906

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

NORMAND THADDEE GADOURY

/3/30 BURNING TREE AVE
Florida street address (P.O. Box NOT acceptable)

FT. MYERS FL 33919

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, F.S..

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" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	TIM KATZ 1221 CORTER LELIGH, FL 33936
MGRM	ROBERT REYNAERT 120 SW 29 TA ST CAPE CORAL, FL 33914
MGRM	NORMAND THADDEE GABOURY 13130 BURNING TREE AVE FT. MYERS, FL 33919
(Use attachment if necessary) ARTICLE II: REQUESTE NOTE: An additional article must be	FD EFFECTIVE DATE: 13 TUNE 2005 added if an effective date is requested.
(In accordance with section	an authorized representative of a member. 10 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.)
_	or printed name of signee
Filing Fees:	ATTARY O ATTACHMENT OF THE TARY O
\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	SSEE, FLORIE