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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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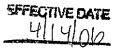
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SECRETARICATE FLORIDA

100 4 0 ----

COVER LETTER

TO: Registration Se Division of Co		
SUBJECT:	Ricky J. 1	UHITE, LLC Liability Company)
	(Name of Limited	Liability Company)
The enclosed Articles o	f Organization and fee(s) are su	abmitted for filing.
Please return all corresp	ondence concerning this matte	r to the following:
- 	Ricky 5	W KITE
	-	WHITE, LLC Firm/Company)
	715 VALE	Cico Hills LANCE (Address)
	VALRICO	FC 33574' (State and Zip Code)
	(City.	(State and Zip Code)
For further information	concerning this matter, please	call:
- Ricky	J. Willite	at (C13) 309 - 0137 (Area Code & Daytime Telephone Number)
(Name	e of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for	or the following amount:	
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
•	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited I	Liability Company is:		
(Must end with the words "Limited	ゴ、ルルルで Liability Company, "Limited	LLC Company" or their abbreviation "LLC	," or "L.C.,")
ARTICLE II - Address: The mailing address and s	treet address of the pri	ncipal office of the Limited L	iability Company is:
Principal Office Address	<u>:</u>	Mailing Address:	
715 UNIROU H VALRICO; FC	33594	715 VA(Rico VALRICO, FL	Hills LANE
	annot serve as its own Registerida registration.)	Office, & Registered Agent's red Agent. You must designate an indiversity agent are:	idual or another
	RICKY J.	WillTe.	FILED 6 APR 17 PM 4: 07 ECKE LART OF STATE LLAHASSEE, FLORID
		ress (P.O. Box NOT acceptable)	SIATE FLORIDA
	101 Rico	FL 33554	
	City, State, as	nd Zîp	

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 (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managin	Name and Address: g Member		
MGRM	Picky J. White 715 VAIRCO Hills LA VAIRCO, FL 3359	<u>.</u> ~ L	• ,
		<u> </u>	• · · ·
		_ ·	<u>.</u>
(Use attachment if nec	*	_	
ARTICLE V: Effective date, (If an effective date is listed, to or 90 days after the date of	if other than the date of filing: APR L 14, 200. COPTION he date must be specific and cannot be more than five business filing.)	ONA i day	L) 's prior
<u>REQUIRED</u> SIGNA	TURE:		
	ature of a member or an authorized representative of a member occordance with section 608.408(3), Florida Statutes, the execution	06 APR	П

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)