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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	cor: Budy's Professional Flour Sounding, LLC (Name of Limited Liability Company)	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Rudolf Dittiuar (Name of Person)	
	Rudy's Professional Flour Sanding, LC	
	931 NE 14th Ave ===================================	T
	TARY CI	F.X
•	(City/State and Zip Code)	E.
For fun	ther information concerning this matter, please call:	
<u>R</u> u	dolf Diffrac at (352) 672-1020 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclos	sed is a check for the following amount:	
\$ 125	5.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\bigcup \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Rudy's Professional Flaw Sou Must end with the words "Limited Liability Company, "Limited	Mins, LLC I Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:			
Principal Office Address;	Mailing Address:			
931 NE 14th Ale C= AIMESVILLE, FI 32(0)	SANE LES OF TI			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of Another business entity with an active Florida registration.)				
The name and the Florida street address of the re Rudolf Dotton Name	· · · · · · · · · · · · · · · · · · ·			
931NE 14+h Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)			
City, State, an	FL 3260)			

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)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	Rudolf Ditmar 931 DE 14th Ave Corresville, Fl 32601
	AS E
(Use attachment if necessary) ARTICLE V: Effective date, if other than the di	ate of filing:
	specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

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.)

Rudolf Dittmov
Typed or printed name of signee

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)