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SECRETARY OF STATE
TAILAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Red	(Name of Limite	Solution d Liability Company)	ns LLC	
The enclosed Articles of Organiza	tion and fee(s) are s	ubmitted for filing.		
Please return all correspondence co	oncerning this matte	er to the following:		
Bryan	Hou	Name of Person)		
	((Firm/Company)		
133_	James	(Address)		
Lake Al	Fred, F	CL 338	50	
•	(City	/State and Zip Code)	것이 일	
For further information concerning	this matter, please	call:	THE THE	mar.
Name of Person)	Fower,	at (457) · 406 (Area Code & Daytime Te	elephone Number) 7 STATE	Ī
Enclosed is a check for the follo	owing amount:		SPINE 1	
\$125.00 Filing Fee State \$130 Certific	0.00 Filing Fee & ate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registra Divisio P.O. Bo	x Address attion Section of Corporations ox 6327 ssee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,"

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

133 James Cir Late Alfred FL 3380

Altred FL 3380 Cake Altred FL 33850

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 or another business entity with an active Florida registration.)

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

Name

Florida street address (P.O. Box NOT acceptable)

e Hitted FL

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

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)