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2007 AUG -8 AM 9: 49 SECKETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Kee Twittedment GROW, CLC (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:
Exe SORROW
(Name of Person)
(Firm/Company)
14330 Big Speings Street
14330 Big Speings Shoot. (Address) JACKSON VILLE, FIGURA 32258 (City/State and Zip Code)
(Chyrotate and Zip Code)
For further information concerning this matter, please call:
<u>E4 = Sparpoo</u> at (<u>904</u>) <u>833 - 2862</u> (Name of Person) (Area Code & Daytime Telephone Number)
(and could be buy time recipitation realists)
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & 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

2007 AUG -8 AM 9: 49

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I	- Na	ame:	
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The name of the Limited Liability Company is:

(Must end with the words. "Limited Liability Company, "L.L.C.," or "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:
14330 By Spanys St	14330 By Spans St
JACKSONVILLE, FLORIDA 3TCS	SACKBONNUE, FL 32258

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

14330 Bg Sparss St

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

TACKSONVILLE FL 32268

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

2007 AUG -8 AM 9: 49
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"NACID" — Name		Name and Address:	
"MGR" = Mana "MGRM" = Ma	naging Member		
MCR		Gaic GOMADIN	
_10191-		The SPAROW 14000 BIY SPAINSS	St
		JACKOONVIUE, FL	82258
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