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SECRETARY OF STAFE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KWRIGHT DESIGN (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:
KENNETH WRIGHT (Name of Person)
K WRIGHT DESIGN
7601 NW S9TH. WAY
PARKLAND FLORIDA 33067 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
KENNETH WRIGHT at (954) 649 · 1066 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & 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 Liability Company is:

····	
(Must end with the words "Limited Liability Company, "L.)	
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address: Mailing Ad	ldress:
7601 NW 59 TM WAY 76 PARKLAND FT PA 33067 33	RKLAND, FZ.
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registered Agent. You re business entity with an active Florida registration.)	egistered Agent's Signature: must designate an individual or anothe
The name and the Florida street address of the registered agen	nt are:
LENNETH WRIGHT	7 PH
7601 NW 5974. W Florida street address (P.O. Box 1	VAY NOT acceptable) F. STATE RATIONS STATE STATE STATE RATIONS
PARKLAND FL 3,3 City, State, and Zip	3067

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):

* CARPORT

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRW - Wallaging Weinder	KENNETH WRIGHT 7601 NW 59TH WAY PARKLAND, FT 33067
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Vz.	

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 trute.)

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)