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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 11 PM 12:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE REFUGE, LLC
(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:

JAMES M. GUEST CPA
(Name of Person)

GUEST, PEAVY, GUEST CPA's & COMPANY
(Firm/Company)

50 SE KINDRED STREET #303
(Address)

STUART, FL 34994
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES M. GUEST CPA at (**772**) **286-9005**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate 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)

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:

THE REFUGE, LLC

(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:

2196 SE OCEAN AVE.
STUART, FL 34996

Mailing Address:

50 SE KINDRED STREET #303
STUART, FL 34994

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:

JAMES M. GUEST CPA

Name

50 SE KINDRED STREET #303

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

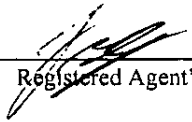
STUART, FL 34994

City, State, and Zip

08 SEP 11 PM 12:05

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

ANNETTE BAIK
P.O. BOX 1066
STEVENSVILLE, MD 21666

MGR _____

JULIANNA EUN BAIK
15413 GIDEON GILPIN ST.
BRANDYWINE, MD 20613

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ANNETTE BAIK

Typed or printed name of signee

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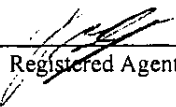
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