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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Aloha Fred Enterprises, 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:
Patricia Touchstone
(Name of Person)
Strategic Corporate Services Plus, Inc.
(Firm/Company)
1500 Avenue F Suite 3
(Address)
Ely, NV 89301
(City/State and Zip Code)
For further information concerning this matter, please call:
Patricia Touchstone at 775 289-2789
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & \$\times \text{\$155.00 Filing Fee & \$\text{\$\$160.00 Filing Fee, } \\ \text{Certificate of Status Certified Copy Certificate of Status & }\\ \text{(additional copy is enclosed) Certified Copy (additional copy is enclosed)}\\ \text{(additional copy is enclosed)}\\ (additio
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Aloha Fred Enterprises, LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
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:
4648 S Orange Blossom Trl Kissimmee, FL 34746	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are:
Ray E. Fredericks	
4648 S Orange Blo	ossom Trl ess (P.O. Box NOT acceptable)
Kissimmee City, State, an	FL 34746
registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	ccept service of process for the above stated timited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar will and ered agent as provided for in Chapter 608, F.S

(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:

MGRM	Ray E. Fredericks 4648 S Orange Blossom Trl Kissimmee, FL 34746
MGRM	Adam E. Fredericks 4648 S Orange Blossom Trl
	Kissimmee, FL 34746
(Use attachment if necessary)	
	han the date of filing: (OPTION. must be specific and cannot be more than five business da

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.)

Ray E. Fredericks

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)