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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Boodine Hambol)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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04/30/09--01026--003 **155.00

S. HAWKES

MAY
EXAMINER

COVER LETTER

10:	Division of Corporations		
SUBJ	REDWOOD RANCH		
5010		ited Liability Comp	pany)
The e	nclosed Articles of Organization and fee(s) are	submitted for filin	g.
Please	e return all correspondence concerning this ma	tter to the following	g:
	Lynn Brechtbill		
		(Name of Person)	
	Redwood Is	Awch (Firm/Company)	2.2.C.
	813 Indies Rd		
		(Address)	
	Summerland Key, FL 3304	2	
	(C	ity/State and Zip Cod	e)
For fu	orther information concerning this matter, pleas	se call:	
Lyn	n Brechtbill	at (305	872-1696
	(Name of Person)	(Area Coo	de & Daytime Telephone Number)
Enclo	osed is a check for the following amount:		
□ \$125	5.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filin Certified Co (additional cop	opy Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	Courier Address tion Section t of Corporations Building ecutive Center Circle see. FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is: REDWOOD RANCH L.L.C. (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: Mailing Address: 813 Indies Rd. Ramrod Key 813 Indies Rd. Summerland Key, FL 33042

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

813 Indies Rd

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

Summerland Key FL 33042

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

ARTICLE IV- Manager(s) or Managing Member(s):

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

1GR	Lynn Brechtbill	
	813 Indies Rd	- 30 8 =
	Summerland Key, FL 33042	
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ARTICLE V: Effective date, if other than the date of filing: 27 April 2009. (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.)

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)