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(Requestor's Name)	
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PICK-UP WAIT	MAIL MAIL
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Certified Copies Certificates	of Status

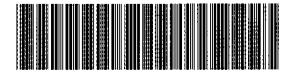
Special Instructions to Filing Officer:

L. SELLERS

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SECRETARY OF STATE ALLAHASSEE FLORINA

T ILEU

COVER LETTER

TO:	Registration Division of C			
SUBJE	CT:	Anne Kran	ner and Associates, LLC	
		Name of Limit	ted Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corre	spondence concerning this mat	ter to the following:	
	- '' '	Anı	ne Kramer, RLA	
			Name of Person	
	· . · .	Anne Kram	ner and Associates, LLC	
			Firm/Company	
	· · · · · · · · · · · · · · · · · · ·	1361 D	uncan Loop N. #304	
			Address	
			nedin, FL 34698	
			ty/State and Zip Code	
-		E-mail address: (to be used	kramerla@aol.com for future annual report notification)	
For fur	ther information	n concerning this matter, pleas	e call:	
		Kramer, RLA	at (
	Nam	e of Person	Area Code & Daytime Telephone Number	
Enclos	ed is a check	for the following amount:		
]\$ 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &
		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

ACTICLES OF ORGANIZATION FOR FI	ANDA LAWITED LABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Anne Kramer and As	
(Must end with the words "Limited Liabil	ity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Anne Kramer & Assoc., LLC 1361 Duncan Loop N. #304 Dunedin, FL 34698	Anne Kramer & Assoc., LLC 1361 Duncan Loop N. #304 Dunedin, FL 34698
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Anne E. Kra	mer, RLA
Name	***************************************
1361 Duncan L	7-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Florida street address (P.O.	Box NOT acceptable)
Dunedin, FL 34698	FL
City, State, a	nd Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	TANK SECURED TALLAHAM

(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:

UN ACTION IN A	Name and Address:
"MGR" = Manager "MGRM" = Managing Me	ember
MGR	Anne Kramer, RLA
	1361 Duncan Loop N #304
	Dunedin, FL 34698
	
Alse attachment if necessa	(rv)
(Use attachment if necessary	
LE V: Effective date, if other of the date is listed, the d	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business da
LE V: Effective date, if other of the date is listed, the date date of filing	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business date.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURES	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business date.)
LE V: Effective date, if other fective date is listed, the days after the date of filing REQUIRED SIGNATURES Signature (In accordance of this do	ner than the date of filing: (OPTION. ate must be specific and cannot be more than five business date.) RE: Anne E. Kramer, RLA
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LE V: Effective date, if other fective date is listed, the deduced days after the date of filing REQUIRED SIGNATURES Signature (In accordance)	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business date.) RE:
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\$ 5.00 Certificate of Status (Optional)