L09000097738

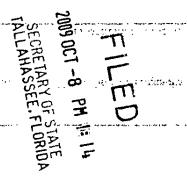
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· (Document Number)
Certified Copies Selectificates of Status
Octaned copies
Special instructions to Filing Officer:
<u> </u>

Office Use Only



500160871455

09/25/09--01029--013 **125.00



C. LEWIS DC+. 9, 2009 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ		ited Liability Company)				
The en	sclosed Articles of Organization and fee(s) are	e submitted for filing.				
Please	return all correspondence concerning this ma	atter to the following:				
		(Name of Person)				
	c/o Ricksar Services					
		(Firm/Company)				
	20283 South State Road 7, #103					
		(Address)				
	Boca Raton, Florida 33498					
	(C	ity/State and Zip Code)				
For fur	ther information concerning this matter, pleas	se call:				
Rick	: Abdallah	at (561) 674-4188				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclos	sed is a check for the following amount:					
₹ \$125.	.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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				



September 28, 2009

RICKSAR SERVICES 20283 S. STATE ROAD 7, #103 BOCA RATON, FL 33498

SUBJECT: KETTLEFISH LLC Ref. Number: W09000043218

We have received your document for KETTLEFISH LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 809A00031482

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Kettlefish		····
(1	Aust end with the words "Limited Liabi	ility Company," "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addr		rincipal office of the Limited Li	ability Company is:
Principal Office	Address:	Mailing Address:	
c/o Ricksar Fina 20283 South St Boca Raton Flo	ate Road 7, #103	c/o Ricksar Financial Serv 20283 South State Road 7	
ARTICLE III - I	Registered Agent, Registere	Boca Raton FLorida 3349 d Office, & Registered Agent's stered Agent. You must designate an indiv	s Signature:
ARTICLE III - I (The Limited Liability business entity with a	Registered Agent, Registered Company cannot serve as its own Regis	d Office, & Registered Agent?stered Agent. You must designate an indivergistered agent are:	s Signature: idual or another
ARTICLE III - I (The Limited Liability business entity with a	Registered Agent, Registered Company cannot serve as its own Regist active Florida registration.) Florida street address of the	d Office, & Registered Agent's stered Agent. You must designate an indivergistered agent are: ar Financial Services	s Signature: idual or another SECRE
ARTICLE III - I (The Limited Liability business entity with a	Registered Agent, Registered Company cannot serve as its own Regis n active Florida registration.) Florida street address of the Rick Abdallah % Ricks	d Office, & Registered Agent's stered Agent. You must designate an indivergistered agent are: ar Financial Services	s Signature: idual or another SECRETARY SECRETARY SECRETARY
ARTICLE III - I (The Limited Liability business entity with a	Registered Agent, Registered Company cannot serve as its own Regis n active Florida registration.) Florida street address of the Rick Abdallah % Ricks Name	d Office, & Registered Agent's stered Agent. You must designate an indivergistered agent are: ar Financial Services te Road 7 #103	s Signature: idual or another SECRE

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

FILED

		-	a PM 18
	Manager(s) or Mana		2009 OCT -8 PM *
The name and ad	Idress of each Manage	er or Managing Member is as fo	Hows:
			SECRETARY OF ST TALLAHASSEE, FLO
Title:		Name and Address:	TALLAHASSEE
"MGR" = Manag	zer		
"MGRM" = Mar	~		
MGRM		Echo Hills Holding	
		20283 South State Road	7. #103
		Boca Raton Florida 3349	
MGRM		Damascus Lane Leasing	
		20283 South State Road	
		Boca Raton Florida 3349	•
			<u> </u>
	majuri.		

(Use attachment	if necessary)	·	
(Ose attachment	ii iidddaary)	•	
CLE V: Effective	date, if other than the	date of filing:	(OPTIONAL)
		specific and cannot be more th	
0 days after the da			in Submitted days prior
	6 -7		
REQUIRED SIG	GNATURE:		
	00	$\sim \sim \sim \sim \sim$	
		X&_0(./\/	
	Signature of a member	or an authorized representative of	a member.
	_	•	
	(In accordance with sec	tion 608.408(3), Florida Statutes, the e tutes an affirmation under the penaltie	execution
	that the facts stated here	sin are true.)	s or perjury
	α .	110000	
	Sick	1-1-1-0aVVX	
Filing Fees:	· 1 yr	sed or printed name of signee	
Frank Fees.	*		
\$125.00 Filing I	ee for Articles of Organ	ization and Designation	
	istered Agent		
	ed Copy (Optional)		
	cate of Status (Optional)		