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D. BRUCE

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EXAMINER

COVER LETTER

SUBJECT: KATHY D. WREN, UCC 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: KATHY D. WREN Name of Person KATHY D. WREN, LLC Firm/Company 3228 COURTNEY DLIVE Address LAKE WALES, FL 33898 City/State and Zip Code WREN, Kathy @ yahoo; Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KATHY D. WREN Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: X\$125.00 Filing Fee Certificate of Status Registration Section Division of Corporations P.O. Box 6327 Tallabassec, FL 23114 Zefol Executive Center Circle Street/Courter Address Registration Section Division of Corporations P.O. Box 6327 Tallabassec, FL 23114 Zefol Executive Center Circle	TO:	Registration Section Division of Corporations			
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Please return all correspondence concerning this matter to the following: Rathy D. WEN Name of Person	00.002	Name of Limited Liability Company	Filing Fee, te of Status & Copy		
Name of Person KATHY D. WEEN, LLC Firm/Company 3228 COULTNEY DLIVE Address LAKE WALES, FL 33898 City/State and Zip Code WILL KATHY Q YALOS COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KATHY D. WEEN at 843 679.6467 Name of Person Area Code & Daytime Telephone Number	The enc	closed Articles of Organization and fee(s) are submitted for filing.			
Firm/Company 3228 COURTNEY DRIVE Address LAKE WALES, FL 33898 City/State and Zip Code UNLIN. Kathy @ yahoo; Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KATHY D. WREN	Please r	return all correspondence concerning this matter to the following:			
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Rathy D. WREN at (803) 679.0407 Name of Person Area Code & Daytime Telephone Number		E-mail address: (to be used for ruture annual report notification)	용폭	=	
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Tallahassee, FL 32301		Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
Must end with the words "Limited Liab	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3228 COURTNEY DRIVE LAKE WALES, FL 33898	SAME
ARTICLE III - Registered Agent, Registere	

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

Name

3228 COURTNEY DRIVE

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

LAKE WALES FL. 33898

City, State, and Zip

PILED 09 NOV 30 PH 2: 18 SECRETARY OF STATE FALLAHASSEE, FLORIDA

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)

EFFECTIVE DATE

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:

Effective date, if other than the date of filing: date is listed, the date must be specific and fiter the date of filing.) IRED SIGNATURE: Signature of a member or an authoriz (In accordance with section 608.408(3), of this document constitutes an affirmat that the facts stated herein are true.) HATHY D. Typed or printed na Filing Fees: 5.00 Filing Fee for Articles of Organization and December 1.	nd Address:	
tachment if necessary) Effective date, if other than the date of filing: date is listed, the date must be specific and fter the date of filing.) IRED SIGNATURE: Signature of a member or an authoriz (In accordance with section 608.408(3), of this document constitutes an affirmat that the facts stated herein are true.) HATHY D. Typed or printed na Filing Fees:		
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