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S. HAWKES

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EXAMINER

COVER LETTER

то:	Registration S Division of Co		
SUBJI	ECT:	Ke	ebet Ridge, LLC
	- · · · · · · · · · · · · · · · · · · ·	Name of Limit	ted Liability Company
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.
Please	return all corresp	oondence concerning this mat	tter to the following:
		Steve	e Shun Tsai Liang
			Name of Person
			Firm/Company
		120 Ho	oneymoon Hill Lane
			Address
			tt Island, FL 32952 ty/State and Zip Code
			bao@yahoo.com
•		E-mail address: (to be used	for future annual report notification)
For fur	ther information	concerning this matter, pleas	e call:
		S.T. Liang	at (321 986-8399 Area Code & Daytime Telephone Number
			Aca code de Bayante Petephone Pantoci
_		street following amount: \$\int\\$130.00 \text{ 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)
		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 LIABILIT **ARTICLE I - Name:** The name of the Limited Liability Company is: Kebet Ridge, LLC (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: **Mailing Address:** Principal Office Address: 120 Honeymoon Hill Lane 120 Honeymoon Hill Lane Merritt Island, FL 32952 Merritt Island, FL 32952 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: Steve Shun Tsai Liang Name 120 Honeymoon Hill Lane Florida street address (P.O. Box NOT acceptable) Merritt Island, FL 32952 _{FL} 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..

(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:

"MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	
MGRM	Mente Principles	Steve Shun Tsai Liang 120 Honeymoon Hill Lane Merritt Island, FL 32952	10 JAN 13 AM ST I
			37
			
(Use attachmen	• /	e date of filing:	(OPTIONAL)
ICLE V: Effectiv	e date, if other than the	e date of filing: e specific and cannot be more than f	(OPTIONAL) ive business days p
ICLE V: Effective date is	e date, if other than the listed, the date must b date of filing.)	e date of filing: se specific and cannot be more than f	(OPTIONAL) ive business days p
ICLE V: Effective date is 1900 days after the	re date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a me	ive business days p
ICLE V: Effective date is 1900 days after the	re date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitution that the facts stated here.	er or an authorized representative of a me	ive business days p

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)