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(Rec	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	÷#)
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OIVISION OF CORPORATIONS

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T. HAMPTON APR BY 2010 EXAMENER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CCT: Redoub	ot LLC		
			ed Liability Company	
The end	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	condence concerning this mat	ter to the following:	
	Michelle Lee			
			Name of Person	
			Firm/Company	
	7438 Periwinl	kle Dr		
			Address	
	Sarasota, FL			
	milee30@hot		y/State and Zip Code	
-		E-mail address: (to be used	for future annual report notification)	
For furt	her information	concerning this matter, please	e call:	
Miche	lle Lee		at (941) 926-2454	
	Name	of Person	Area Code & Daytime Teleph	one Number
Enclos	ed is a check fe	or the following amount:		
☑\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	6160.00 Filing Fee, 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 Circ	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
Redoubt LLC		
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address o	f the principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
7438 Periwinkte Dr	7438 Periwinkle Dr	
Sarasota, FL 34231	Sarasota, FL 34231	
		1 100110
business entity with an active Florida registration.) The name and the Florida street address Michelle Lee	of the registered agent are:	
7438 Periwinkle Dr	street address (P.O. Box NOT acceptable)	
		
Sarasota	FL 34231 City, State, and Zip	
registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position Registered Agen	uted in this certificate, I hereby accept the capacity. I further agree to comply with plete performance of my duties, and I are as registered agent as provided for in C	he appointment as h the provisions of all m familiar with and
(6	CONTINUED) Page 1 of 2	70 TO
	- 115 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

SECRETARY OF STATE DIVISION OF CORPORATIONS:

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

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

	Aanaging Member		
MGRM		Michelle Lee	
		7438 Periwinkle Dr	
		Sarasota, FL 34231	
MGRM		Sinon Lee	
VIGITIVE		Sinton Lee	
		7438 Periwinkle Dr Sarasota, FL 34231	
		outdoord, i E o izo i	
			
-	_		
Use attachme	ent if necessary)		
(Use attachmo	ent if necessary)		
LEV: Effecti	ve date, if other than the	date of filing: (OP	
LE V: Effecti fective date is days after the	ve date, if other than the	date of filing: (OP e specific and cannot be more than five busin	
LE V: Effecti fective date is days after the	ive date, if other than the slisted, the date must be date of filing.) SIGNATURE:	e specific and cannot be more than five busin	
LE V: Effecti fective date is days after the	ive date, if other than the slisted, the date must be date of filing.) SIGNATURE:		
LE V: Effecti fective date is days after the	signature of almember	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	

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)