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SECRETARY OF STATE
PALLAHASSEE, FLORIN

COVER LETTER

TO:	Registration of	on Section Corporations				
SUBJE	CT:	Ran	R ne of Limit	SUPPLY ed Liability Company		
The end	losed Article	es of Organization and	fee(s) are	submitted for filing.		
Please i	eturn all cor	respondence concerni	ng this mat	ter to the following:		
-		Ro	<u>sey</u>	Name of Person	V @	Roy Raz
		R	R	Supply		
				Ave cyt		
	Talle	ahasse	F	L 30	L30/	
_		YAYCU E-mail address:	Cit PP/Y (to be used	L 30 sy/State and Zip Code O. 6 War . for future annual report not	COM	
		on concerning this ma				
a	O-ey Na	me of Person		at (205) Area Code & D	8 6 d 4 aytime Tele	1734 phone Number
Enclos	ed is a chec	k for the following a	imount:			
\$125.00	Filing Fee	\$130.00 Filing Certificate of		\$155.00 Filing Fe Certified Copy (additional copy is er	-	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Addre		Street/Courie Registration Se		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
R+R Supply (Must end with the words "Limited Liability)	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signatura red Agent. You must designate an individual of another
The name and the Florida street address of the re	
Tallahasse & City. State	ress (P.O. Box NOT acceptable) FL 32301 te, and Zip
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as . I further agree to comply with the provisions of alformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM Keg	acto Foort Ale
Seclev	art #13,001
Q	Thellahasse FL 32-301
MERM PO	
70101	- Same
·	
(Use attachment if necessary)	
(Ose attachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
	specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	<u> </u>
	The same of the sa
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	Sold to F
	Ho z M
- Jegan	
Signature of a member	r or an authorized representative of a member.
(In accordance with section 608.	100(1) / 1 tottati diatated, tile esteration or tile all pin
I am aware that any false inform	the penalties of perjury that the facts stated herein see true. nation submitted in a document to the Department of State
^	as provided for in s.817.155, F.S.)
Roey	Segret / Roy Kaz
Jryp	ped or printed name of signee

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)