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| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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B. BOSTICK

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EXAMINER

COVER LETTER

| | Registration Section Division of Corporations | | |
|---------------------|---|---|-------------------|
| SUBJEC | T. REH Ventures, LLC | | |
| SUBJEC | ** | ted Liability Company | |
| The enclo | osed Articles of Organization and fee(s) are | submitted for filing. | |
| | urn all correspondence concerning this mat | - | |
| .1 | udith A Schroeder | | |
| <u> </u> | ddiii A Coillocaci | Name of Person | - |
| F | REH Ventures, LLC | | |
| 3 | | Firm/Company | - |
| 4 | 1021 My Lady Lane #1 | | |
| | | Address | - |
| La | and O' Lakes, FL 34638 | | _ |
| • | | ly/State and Zip Code | |
| <u>ju</u> | dithauntbunny@aol.com E-mail address: (to be used | for future annual report notification) | |
| For furthe | er information concerning this matter, pleas | e call: \mathbb{R}_{C} | |
| .ludith | A Schroeder | _at (813 <u>468-3861</u> | tan'i an |
| - | Name of Person | Area Code & Daytime Telephone Number | harmy .econor. |
| Enclosed | l is a check for the following amount: | | Same |
| ▼ \$125.00 F | iling Fee \$\bigs\\$\text{\$130.00 Filing Fee & Certificate of Status} | \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICL | ΕI | - N | am | e: |
|----------|----|-----|-----|----|
| The name | of | the | Lir | ni |

The name of the Limited Liability Company is:

REH Ventures, 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:

| Principal Office Address: | Mailing Address: |
|---|--|
| 4021 My Lady Lane #1 | 4021 My Lady Lane #1 |
| Land O' Lakes, FL 34638 | Land O' Lakes, FL 34638 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration Agent | ered Agent. You must designate an individual or another egistered agent are: |
| | W |
| Land O' Lakes | FL 34638 |
| City, Sta | te, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|--|--|-----|
| MGR | Judith A Schroeder | |
| | 4021 My Lady Lane #1 | |
| | Land O' Lakes, FL 34638 | |
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| (Use attachment if necessary) CLE V: Effective date, if other than the state of th | he date of filing: (OPTIONA | AL) |
| CLE V: Effective date, if other than the | he date of filing: (OPTIONA be specific and cannot be more than five business day | , |
| CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: | | , |
| CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation unli am aware that any false info | be specific and cannot be more than five business day | , |
| CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation unli am aware that any false info | be specific and cannot be more than five business day ther or an authorized representative of a member. 108.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 108.408(3) are persentative of a member. 108.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 108.408(3) are persentative of a member. 108.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 108.408(3) are penalties of perjury that the facts stated herein are true. 108.408(3) are penalties of perjury that the facts stated herein are true. 108.408(3) are penalties of penilties of | , |
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)