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(Requ	uestor's Name)	
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PICK-UP	WAIT	MAIL
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(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJE	ct: ALA	DOM GENIE, LLC	;		
30202	Name of Limited Liability Company				
The end	closed Article	es of Organization and fee(s) are	submitted for filing.		
Please 1	return all corr	respondence concerning this mat	ter to the following:		
	James	R. Kenley			
•			Name of Person		
•			Firm/Company		
_	7319 C	aptain Kidd Avenue			
			Address		
Ş	Sarasota	, Florida 34231			
	مصيمالنيم		y/State and Zip Code		
	guillaume	e.thomas@aladom.fr E-mail address: (to be used	for future annual report notification)		
For furt	her informati	on concerning this matter, please	e call:		
Jame	es R. Keni	ley	at (941) 927-7353		
	Nai	me of Person	Area Code & Daytime Telep	phone Number	
Enclose	ed is a check	c for the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALADOM GENIE, 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:
1819 Main Street, Suite 200A	7319 Captain Kidd Avenue
Sarasota, Florida 34236	Sarasota, Florida 34231

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:

James Robert Kenley

Name

7319 Captain Kidd Avenue

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

Sarasota

FL 34231

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..

Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Guillaume Franck Thomas
	4 rue Beaumanoir
	Rennes, France 35000
· · · · · · · · · · · · · · · · · · ·	
•	
(Use attachment if necessary) ARTICLE V: Effective date, if other that (If an effective date is listed, the date musto or 90 days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	12 FEB
Signature of a m	tember or ap authorized representative of a member.
(In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department felony as provided for in s.817.155, F.S.)
James Ro	bert Kenley, Member
	Typed 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)