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## COVER LETTER

TO: 'Registration Section Division of Corporations
SUBJECT: 13 Kathy Drive LLC  Name-opLimited Liability Company
Panicophininea Babinay Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kimberly B. Dell
Name of Person
Firm/Company
124 North Nova Rood, Suite 125
Ormond Beach PL 32174  City/State and Zip Code
Himbell, FL@ Small, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (386) 212-8186  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fcc  \$130.00 Filing Fce & Certificate of Status  \$155.00 Filing Fee & Certificate of Status  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section  Street/Courier Address Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited Liability	y Company, "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:
124 North Nava Rd Suite 125 Ormand Beach FL 32174	124 North Nata Rd, Suite 129 Ormand Beach FL 32174
Ormand Beach	red Agent. You must designate an individual or another
• • • • • •	ccept service of process for the above stated limited is 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' | 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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MBRM	Kimberly Bell 124 North NOVA Road Suite 185
44 / 1284	Ormand Beach, FL 32174
W PKIN	Eric M Bell 525 Rosawood (t, Apt 1A
	Indian Harbour Beach, EL 32937
	· · · · · · · · · · · · · · · · · · ·
-	
(Use attachment if necessary)	
	date of filing: (OPTIONAL)
(if an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	AHASS
Limbo	Wy B Boll
Signature of a member	of an authorized representative of a member.
(In accordance with section 608.4 constitutes an affirmation under t I am aware that any false information are to be a section of the constitution	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State
timber	as provided for in s.817.155, F.S.)  Bell ed 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)