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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	_{cr.} Hannah Kitz L	LC
SUBJE	···	of Limited Liability Company
The enc	closed Articles of Organization and fed	e(s) are submitted for filing.
Please r	eturn all correspondence concerning t	this matter to the following:
	Hannah Kitz	
		Name of Person
	Hannah Kitz LL	.C
		Firm/Company
	12530 SE Dixie	e Highway
		Address
	Hobe Sound, F	L 33455
	hannahundina@amai	City/State and Zip Code
	hannahundine@gmai E-mail addr	ess: (to be used for future annual report notification)
For furt	her information concerning this matte	r, please call:
Har	nnah Kitz	772 \ 485-8598
	Name of Person	at (772 Area Code) Daytime Telephone Number
	od is a check for the following amount D Filing Fee \$\frac{\text{\$130.00 Filing Fee}}{\text{Certificate of Stat}}	\$155.00 Filing Fee & S160.00 Filing Fee, us Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (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 Tallahassee, FL 32301

ARTICLES OF ORGANIZA	ATION FOR FLORIDA LIMITED LIABI	LITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	<i>i</i> is:	
Hannah Kitz LLC		
(Must end with the wo	ords "Limited Liability Company, "L.L	.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
12530 SE Dixie Highway	12530 SE Dixie Highway	
Hobe Sound, FL 33455	Hobe Sound, FL 33455	
The Limited Liability Company cannot servanother business entity with an active Florida The name and the Florida street address of the servand of the serva	da registration.)	nust designate an individual or
The name and the Pionda street address of t	ne registered agent are.	
Hannah Kitz		
	Name	
12530 SE Dixie Highway		
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	
Hope Sound Ci	Hobe Sounder 334	55
Having been named as registered agent and the place designated in this certificate, I capacity. I further agree to comply with the of my duties, and I am familiar with and a Registered A	hereby accept the appointment as regis ne provisions of all statutes relating to t	stered agent and agree to act in this he proper and complete performance
	(CONTINUED)	14 . SECRI
	Page 1 of 2	FILE'S JMI -4 ST 4-20 ETAYS A STATE UMSSTER STATE

Hannah Kitz 12530 SE Dixie Highway Hobe Sound, FL 33455			
12530 SE Dixie Highway Hobe Sound, FL 33455			
12530 SE Dixie Highway Hobe Sound, FL 33455			
Hobe Sound, FL 33455			
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	1	<u>.</u>	
The	X		
an authorized roor	esentative of	f a member.	
(I) (b), Florida Stat	utes, the exec	cution of this	s docume
	that the facte o	stated herein	i are true.
penalties of perjury t			
submitted in a doc	ument to the ${f i}$	Department of	
	ument to the ${f i}$	Department of	
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-	an authorized reci	an authorized representative o	an authorized representative of a member.