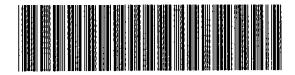
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COVER LETTER

Division of Corporations	
SUBJECT: RANCY VILLARREAL LLC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RANDY VILLARREAL Name of Person	
- RANDY VILLARREAL, LLC Firm/Company	
1667 Cool Breeze CAME	
TALLA LASSER, FC. 32310 City/State and Zip Code,	
City/State and Zip Code Candy 6171 @ gmAil, com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	r27
RANGY VILLARRAN at (850) 694-2435 Name of Person Area Code Daytime Telephone Number	1.0 5.4 73
Enclosed is a check for the following amount: \$\frac{125.00 \text{ Filing Fee}}{2}\$\$130.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed))
Mailing Address Street/Courier Address	

Mailing 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:		•		
RANDY VILLA (Must end with the words "Li	PREAL, LLC mited Liability Company, "L.L.C.," or "LLC.			
ARTICLE II - Address: The mailing address and street address of the principal address and street address and				
Principal Office Address:	Mailing Address:			
1607 Cool Breeze LAME	SAMe			
1607 Cool Breeze LANE THILDHASSER, FL. 32310				
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	s own Registered Agent. You must designate a	n individua	l or	
The name and the Florida street address of the regis	stered agent are:	# 9	-0,	
Randy V	TLIARREAL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.1 1.1 1.1 1.1	7. 7
Florida street address (P.C	BRELZE LACK	P.	12	
Trillehrssez	FL 32310		90 30	;
City	۲۱۱۶			

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 605, F.S.

Registered Agen's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	Title: "AMBR" = Authorized Member "MGR" = Manager MGR" = Manager	Name and Address: RANDY VILLARGER L KOUT CON BESSEL LAVE TO LANDSLL, FL. 32315
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:		
ICLE V: Effective date, if other than the date of filing: (OPTIONAL) a effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a ate of filing.)		
	(Use attachment if necessary)	
Signature of a member or an authorized representative of a member.	ICLE V: Effective date, if other than the date of effective date is listed, the date must be state of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	te of filing:

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)

I Randoph S. Yillappaal have no intention of Using Randy Villappaal, Jnc., PHOOCOYDOS.

In am no using Randy Villappaal AS a LLC.

Part All allan