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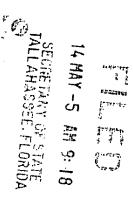
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: kensington&grace LLC.	
Name of Lii	mited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Michelle Caradonna	
	Name of Person
kensington&grace	Firm/Company
	1 IIII/ Company
17815 Crystal Preserve Drive	Address
Lutz, FL 33548	
	City/State and Zip Code
mrs.caradonna@gmail.com E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, ple	ase call:
Michelle Caradonna · at (	813 (428-3812 (1997)
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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:		
kensington&grace, L.L.C. (Must end with the words "Li	mited Liability Company, "L.L.C	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liabilit	ry Company is:
Principal Office Address:	Mailing Address:	
17815 Crystal Preserve Drive Lutz, FL 33548	17815 Crystal Preser Lutz, FL 33548	ve Drive
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 mu	
The name and the Florida street address of the regi	stered agent are:	
Michael T. Caradonna	Name	_
17815 Crystal Preserve Florida street address (P.C		_
Lutz	FL 33548	<del></del>
City	Zip	
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the provi of my duties, and I am familiar with and accept to	accept the appointment as registe isions of all statutes relating to the the obligations of my position as r	ered agent and agree to act in this e proper and complete performance
	Chapter 605, F.S.	TAK T
Registered Agent's	Signature (REQUIRED)	LAHAN TI
(CON	TINUED)	Maria Od Lana
Рад	ge 1 of 2	IH 9: 18 FLORIDA

<u>Fitle:</u>	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
MGK - Manager	Michelle Caradonna
hi≅ti. −	17815 Crystal Preserve Drive
- <del>}</del>	Lutz, FL 33548
	<u>Luiz, l'L 33340</u>
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<del></del>	
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ctive date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
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E V: Effective date, if other than the ctive date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
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