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COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	KEWE	a Design	5
	Name of Lir	nited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
	Pam Ele	dis	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Kelper	Designs	
	1 11	Firm/Company U	
19	126 Hth 91	their South	
	_ ^	Address	
	naples +	L 34102	25 W F
واط		City/State and Zip Code All Com d for future annual report notifica	tion)
	E-mail address: (to bev)se	d for future annual report notifica	tion) S - 4
For further information	on concerning this matter, plea	ase call:	売 あ
Pam E	at (765-7 Area Code Daytime Tel	ephone Number
Enclosed is a check for	or the following amount:		
	\$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)
	niling Address gistration Section	Street/Courier Addr Registration Section	ess

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:
KELDER DESIGNS 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:
SDC Lith Steet S. Doplist L. 34102 1506 4th Steet S. Nagles FL 3410
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:
600 5th Aves, Ste 207
Florida street address (P.O. Box <u>NOT</u> acceptable)
NAMES FL 3410L
City 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 605, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)
(CONTINUED) Page 1 of 2 Page 1 of 2

Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:	
MGA		Pam Elder Bag 4th Street S. 18 Daple, FL 34100	
	·		
/II 1 10			
	ther than the date of fil	ling: <u>fline</u> (OPTIONAL)	or 90 a
EV: Effective date, if of fective date is listed, the of filing.)	ther than the date of fil date must be specific	ling: Filing det (OPTIONAL) and cannot be more than five business days prior to	or 90 d
LE V: Effective date, if of fective date is listed, the of filing.)	ther than the date of fild date must be specific if any.		or 90 c
E V: Effective date, if o fective date is listed, the of filing.) LE VI: Other provisions, in the second s	ther than the date of fil date must be specific if any. URE: gnature of a member e with section 605.020 affirmation under the at any false informatio		ent
E V: Effective date, if o fective date is listed, the of filing.) LE VI: Other provisions, in the second s	ther than the date of fil date must be specific if any. URE: gnature of a member e with section 605.020 affirmation under the at any false informatio hird degree felony as particular than the section of the section	r or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this documpenalties of perjury that the facts stated herein are true on submitted in a document to the Department of State	ent

Page 2 of 2