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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ravers In Faradise L.L.C. 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:	
Paula Mueller Name of Person	
Pavers in Paradise, L.L.C.	
5249 Desoto Parkway	781
Sarasota FL 34234 AND City/State and Zip Code	4
Laying Davers in Caradise @ anail. Configure annual report notification)	
For further information concerning, this matter, please call:	
Paula Mueller at (941) 518-0719 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$\bigcup \\$125.00 \text{ Filing Fee & Certificate of Status} \bigcup \\$155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \end{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 ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTRILESOF ORGANIZATION FOR FLA	ORIDA LIVITED LIABILITY CONTANT			
ARTICLE I - Name: The name of the Limited Liability Company is:				
Pavers in Paradise	L.L.C			
ARTICLE II - Address:	iability Company, "L.L.C.," or "LLC.")			
The mailing address and street address of the principal offic	ce of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
5249 Desoto Parkway Sarasofa FL 34234	5249 Desoto las Sarasota FL 30	kwa.	4	
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Remother business entity with an active Florida registration.)	egistered Agent. You must designate an in	dividual	or	
The name and the Florida street address of the registered age of t	Parkway			
Sarasofa City	FL 34234 Zip			
Having been named as registered agent and to accept servithe place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging Chapter	he appointment as registered agent and agi all statutes relating to the proper and comp	ree to act plete perfo	in this ormance	
Registered Agent's Signatur	(REQUIRED)			
(CONTINUE)	D)	Σs	20	
Page 1 of 2		ECRETARY,OF STATE	16 W 1- 45 1112	

<u> Fitle:</u>	Name and Address:	
'AMBR" = Authorized Member	01 10 -11	
MGR" = Manager AMBR	Alan 1655Mith	
	5249 Desoto Barkway	- 1
1 . 2 2	SOLPASOTA, PC 34250	4
AMBR	- Janla Mueller	
	S249 Desoto MARKWay Corasota FL 34234	1
	50105010,10 342341	•
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