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SEGRE BARY OF STATE
TALLAHASSEE, FLORID.

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COVER LETTER

RRALS LLC nited Liability Company	
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atter to the following:	
Name of Person	
ACHEY, P.A.	
Firm/Company	
Address	
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ise call:	
313) 549-0096	
Area Code Daytime Tel	lephone Number
S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Street/Courier Addi	ress
Division of Corporat	ions
Clifton Building 2661 Executive Cent	er Circle
	e submitted for filing. atter to the following: Name of Person ACHEY, P.A. Firm/Company Address ity/State and Zip Code If for future annual report notificates call: 313) 549-0096 Area Code Daytime Tel \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) Street/Courier Additional Copy is enclosed)

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Liability Company, "L.L.C.," or "LLC.")
ffice of the Limited Liability Company is:
Mailing Address:
13134 US HWY 301S
RIVERVIEW FL 33579
& Registered Agent's Signature:
Registered Agent. You must designate an individual or n.)
1.)
agent are:
TE B
NOT acceptable)
FL 33603
Zip
rvice of process for the above stated limited liability company the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for inter 605, F.S

Page 1 of 2

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	SHAUNA HACHEY	
	13143 US HWY 301S	
	RIVERVIEW FL 33579	
AMBR	STEPHEN HACHEY	
	13143 US HWY 301S	
	RIVERVIEW FL 33579	
AMBR	KIRA KLIPA	
	13143 US HWY 301S	
	RIVERVIEW FL 33579	
ctive date is listed, the date must be s f filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90	days
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ARTICLE IV-

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