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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Kenneth</u>	Ratineau LLL Name of Limited Liability Company
The enclosed Articles of Organization	and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
Kenneth	BARIN CAU Name of Person
Kenveth B	PATT VEAU Firm/Company
5231	Blounts town Hwy
TA/I E/A	3,3,304 City/State and Zip Code
	City/State and Zip Code
E-mail addres	s: (to be used for future annual report notification)
For further information concerning this	matter, please call:
Name of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for the following	amount:
\$125.00 Filing Fee \$130.00 Fi	
Mailing Address	Street Address
New Filing Section Division of Corpora	New Filing Section ations Division of Corporations
P.O. Box 6327 Tallahassee, FL 323	Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	CL	\mathbf{E}	Į -	Na	me	:

The name of the Limited Liability Company is:

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:
Deale Reci
Kenveth PARILYEAN
5233 Bloomstann Hwy
Tallanosser \$1 32304

Mailing Address:
5233 Bbwts fown + Hwy
Tallanassee Fl 32304

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:

Name

Florida etraet address (P.O. Boy NOT accentable

City

State

Zin

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)

Page 1 of 2

SECRETARY OF STATE AND AND STATE OF STA

"AMBR" = Authorized Member	Name and Address:
"MCD# - Manager	14 12 12 12 12 12 -
"MGR" = Manager	Kenneth Barineau 5233 Blountstown Hay Tallanassee F1 32304
	5233 Blountstown He
	Tallanassee Fl 32304 /
	
	
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