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COVER LETTER

SUBJEC	Richard A. Sena, LLC T:	
The anci		
i ne chei	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	Richard A. Sena	
	Name of Person	
	Richard A. Sena, Ll.C	16
	Firm/Company	基
	47 River Court	25
	Address	17 25 AM 9: 59
	Naples, FL 34110	s è
	City/State and Zip Code rsenaadip@gmail.com rsena.adip@gmail.com	o
	E-mail address: (to be used for future annual report notification)	
For furthe	r information concerning this matter, please call:	
	Richars A. Sena 239 200-7055	
	Name of Person Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
] \$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:					
Richard A. Sena, LLC (Must end v	cith the words "Limited	Liability Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ac	ldress of the principal c	office of the Limited I	iability Company is:			
Princips	al Office Address:		Mailing Address:			
47 River Court Naples, FL 34110		Same				
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its owr ctive Florida registration	Registered Agent. Yon.)	t's Signature: ou must designate an individual or			
Stewart Law Firm, PLC						
Name						
780 Fifth Avenue South, Suite 200						
Florida street address (P.O. Box NOT acceptable)						
	Naples	FL	34102			
	City	State	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)

Page 1 of 2

	Title: "AMBR" = Authorized	Member	Name and Address:	
	"MGR" = Manager AMBR		Richard A. Sena 47 River Court	
			Naples, FL 34110	
		-		
		•		
		•		
	(Use attachment if nece	essary)		
lf an ei he date <u>Note:</u>	ffective date is listed, the e of filing.) If the date inserted in this	date must be specific and block does not meet the a	. (OPTIONAL) d cannot be more than five business days prior to or 90 day applicable statutory filing requirements, this date will not be	
the doc	ument's effective date or	the Department of State's	s records.	
ARTIC	LE VI: Other provisions,	if any.		
	REQUIRED SIGNAT	Kichal A	Sera	
	This de Lam as	ocument is executed in account ware that any false informa	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State as provided for in s.817.155, F.S.	
		Richard A. Sena	or printed name of signee	
		i ypeu	or printed name of signee	

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

Page 2 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)