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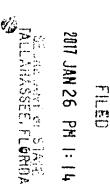
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

7	TO: Registration Section Division of Corporations				
	SUBJECT: ROCKY FORK VERYUS Name of Limited Liability Company				
	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:				
	Karl F. Shade				
	Name of Person				
	Firm/Company				
	1800 Oak Lakes Dr				
	Address				
1800 Oak Lakes Dr Address Sarasota, FL 34232					
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
I	or further information concerning this matter, please call:				
	Kanf. Shrode a1, 941, 544-2140				
	Name of Person Area Code Daytime Telephone Number				
	Enclosed is a check for the following amount:				
	\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address New Filing Section Street Address New Filing Section				

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1800 Dak Lakes Dr	1800 Day lakes Dr
Sarasolu, FL 34737	Sarasota, FL 94732
ARTICLE III - Registered Agent, Registered Office, & F (The Limited Liability Company cannot serve as its own Reg	
another business entity with an active Florida registration.)	- • • • • • • • • • • • • • • • • • • •

The name and the Florida street address of the registered agent are:

Principal Office Address:

1800 Oak Lakes DY

Florida street address (P.O. Box NOT acceptable)

Supastic FL 34232

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 "MGR" = Manager A MBR	Name and Address: Man Elin Show LAHASSEE, FLORIDA 1500 Oak Lakes DY Sarassia, FL 34232
(If an effective date is listed, the date must be specifi the date of filing.)	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after t the applicable statutory filing requirements, this date will not be listed as State's records.
This document is executed in I am aware that any false information constitutes a third degree fele and I F S	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.

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)