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Special Instructions to I	Filing Officer:	, , , , , , , ,
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SECRETATION OF STATE
STATE OF CORFORATION

## COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	CT:CAAD, LLC
	Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Aaron Hines Name of Person
	CAAD, LLC Firm/Company
	7592 14th Lane
	Address
	Vero Beach FC 32966  City/State and Zip Code aaron hines @ comcast. net
	City/Stafe and Zip Code
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Aaron Hines at 772, 532-9725
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
<b>7\$</b> 125.00	Priling Fee \$\int_{\text{S130.00 Filing Fec & Certified Copy}} \int_{\text{Certified Copy is enclosed}} \int_{\text{S160.00 Filing Fec, Certified Copy}} \int_{\text{Certified Copy is enclosed}} \int_{\text{S160.00 Filing Fec, Certified Copy}} \int_{\text{Certified Copy is enclosed}} \int_{\text{Certified Copy is enclosed}} \int_{\text{S160.00 Filing Fec, Certified Copy}} \int_{\text{Certified Copy is enclosed}} \int_{Certified Copy is en
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability C	Company is:			
	CAAD,	LLC		
(Must contain	the words "Limited Liz	ability Company, "l	L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address	ress of the principal offi	ce of the Limited L	Liability Company is:	
Principal:	Office Address:		Mailing Address:	,
7592 14th Vero Beas	Lane 6, FC 3296		7592 14th Lane ero Beach, FC 32961	<u> </u>
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	nnot serve as its own R	egistered Agent. Y		SECH TV JU
The name and the Florida street add	, je	gent are: Ron Line		
	1	Name		<b>₽</b> 899
	7592 14	th Lane	<u></u>	<b>93</b> 3.77 <b>51</b> 2.78
	Florida street address (	P.O. Box <u>NOT</u> acc	ceptable) 32966	<b>G</b> (2)
	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 comflete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as propertied for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:		and Address:	
"AMBR" = Autl		11	
"MGR" = Mana AMBR M	ger GR	aron Hines	
<del>-1111-211</del>		392 14th Lane	
	V	ero Beach, Ft 32966	
		<u> </u>	
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	<del></del>		
<i>a</i> :		•	
(Use attachment		7-//-/7 (OPTIONAL)	
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ARTICLE IV-