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(Red	questor's Name)	
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: RECRUME P	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Zaehary A. La	Name of Person
Red Rum Ants	
405 27th Ct.	
	Address
Vero beach F Cir Red Rum Arts o	1.32968
Cit	y/State and Zip Code
Ked Kum Ants of	or future annual report notification)
	·
For further information concerning this matter, please of	call:
Zach Lamb a17	77 643-6195
	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125,00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RedRu	m ARHS LLC contain the words "Limited Liability"		
(Must	contain the words "Limited Liability	Company, "L.L.C" or "LLC.	.")
ARTICLE II - Address: The mailing address and stre	eet address of the principal office of th	he Limited Liability Company	/ is:
Principal Office Address:		Mailing Address:	
405 27	th Ct. ch Fl. 32968	405 271hCt.	
vero Bea	ch Fl.	Vero Beach	FL.
· —	32968		32968
	Zachary A. Las Name	m 5	
	405 27+4C+		
	Florida street address (P.O. B	·	
	Vero Beach City Sta	FL. 32968	_
	City Sta	ite Zip	
place designated in this certifi Further agree to comply with t	red agent and to accept service of pro cate. I hereby accept the appointment he provisions of all statutes relating to ne obligations of my position as registe	as registered agent and agree the proper and complete perfe	to act in this capacity. I ormance of my duties, and

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Zachary A. Lamb.

Typed or printed name of signee

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)