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(F	Requestor's Name)		
( <i>F</i>	Address)		
(F	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	MAIL MAIL		
(E	Business Entity Name)		
(Document Number)			
Certified Coples	Certificates of Status		
Special Instructions t	o Filing Officer:		

Office Use Only



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## COVER LETTER

TQ: New Filing Section Division of Corporations	
SUBJECT: R. F. Kam Cons	ity Company
The enclosed Articles of Organization and feets) are submitted	for tiling.
Please return all correspondence concerning this matter to the	following:
Richard Hearn	
	<u>.</u>
6032 Hellie Cerro	11 Lu
Tallehance Florida  City/State a  woodgraincons mechon @  Whail address: to be used for future	32305  nd Zip Code  gna·1. Com  amual report notification)
For further information concerning this matter, please call:	
Name of Person Area Code	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	\$160.00 Filing Fee.  Ified Copy Inal copy is enclosed)  S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	R	T	ιC	Ĺ	E	١.	N	:1	Ш	c	;

The name of the Limited Liability Company is:

(Must contain 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:	Mailing Address:
6032 Hallie Coull LN	6032 Helle Caroll 10
Tallahan F1 32305	Tallcharce El 32305
,	

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:

Richard E. Hearn

Name

(2032 Hellie Carall lave

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

Tallahoree H 32305

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)

Title:	orized to manage and control the Limited Liability Company:  Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Richard Hear
7 1 01	Tellchoee H 32305
(Use attachment if necessary)	
an effective date is listed, the date must be spec- date of filing.)	filling:
TICLE VI: Other provisions, if any.	State 3 records.
REQUIRED SIGNATURE:	- He
Signature of a mem This document is executed I am aware that any false i constitutes a third degree t	ther or an authorized representative of a member.  d in accordance with section 605.0203 (1) (b). Florida Statutes. Information submitted in a document to the Department of State Gelony as provided for in s.817.155. F.S.
	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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)