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COVER LETTER

TO:	New Filing Se Division of Co					
SUBJE		nette Peppers, LLC				
SODJE	scr	Name of	Limited Liab	ility Company		
The en	closed Articles of	f Organization and fee(s) are submitte	ed for filing.		
Please	return all corresp	ondence concerning this	matter to the	following:		
	Ravan Lyne	tte Peppers				
			Name o	of Person		
	Ravan Lyne	tte Peppers, LLC				
	Firm/Company					
	1317 Edgew	vater Drive Suite 6309				
			Ado	iress		
	Orlando, Flo	orida 32804				
			City/State a	nd Zip Code		
	rlp@navarent	E-mail address: (to be u	sed for future	annual report potiticat	ion)	
For furth		oncerning this matter, ple		annual report normen	,	
. 0				602.072.		
	Ravan Lynet	at	813 (693-2721)		
	Nair	ne of Person	Area Code	Daytime Telephor	ne Number	
Enclose	ed is a check for t	he following amount:				
□\$125	5.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ng Address		Street Address		
		iling Section on of Corporations		New Filing Section D The Centre of Tallah		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:				
Ravan Lynette Pepp	oers, LLC				
	ntain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	•	
ARTICLE II - Address: The mailing address and street	address of the principal of	ffice of the Limited	Liability Company is:		
Principal Office Address:			Mailing Address:		
1317 Edgewater Dr	ive	1313	7 Edgewater Drive		
Suite 6309			Suite 6309		
Orlando, Florida			ndo, Florida		
The name and the Florida street	•	agent are:			
		Shannon Scurn	/		
	4047.54	Name			
	1317 Edg	jewater Dr			
	Florida street address (P.O. Box NOT acceptable)				
	Orlando, FI 32804				
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	n, I hereby accept the apportions of all statutes relibilizations of my position a	intment as registere lating to the proper	ed agent and agree to a and complete perform is provided for in Chap	ct in this capacity. I mce of my duties, and I	

D.	TI.	\sim 1	Ľ	IV.

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

make a property of the control of th	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Ravan Lynette Penners 1317 Edgewater Drive Suite 6309	
	Orlando, Florida 32804	
	Withington Troping 22007	
(Use attachment if necessary)		
ta of Glina \		
If the date inserted in this block does cument's effective date on the Depart	s not meet the applicable statutory filing requirements, this date will not timent of State's records.	be lis
If the date inserted in this block does seument's effective date on the Depart CLE VI: Other provisions, if any.	tment of State's records.	be list
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