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Special Instructions to Fi	iling Officer:	

Office Use Only



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### COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT: KP	W S'dryg Name of Lin	LLC nited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_kir	mette Russ	Name of Person	
		Firm/Company	
	22 Atuphu	North 323 Address	01
ta	Conguillams of Email address: (to be used	32361 ity/State and Zip Code 661992@ Gwall for future annual report notificat	ion)
For further information co	ncerning this matter, please	calt:	
Nan	te of Person Ai	rea Code Daytime Telephon	e Number
Enclosed is a check for t	he following amount:		,
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	D\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
\$ 6 - 112			

Mailing Address

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New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.E.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:

2222 Alapha Nau Saun

Tallulusu FL 32301

## 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:

Kennith Russell Williams

222 Ataph Name
Florida street address (P.O. Box NOT acceptable)

Tullulian FL, 32301
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)

# ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Kranth Russell William 2222 Ataph WINT Tulluluss : FL, 32301
<del></del>	
(If an effective date is listed, the date must be the date of filing.)	ate of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is exe I am aware that any fa constitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605,0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  Hi Li William 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)