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COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT		ted Liability Company	
The enclos	ed Articles of Organization and fee(s) are	submitted for filing.	
Please retu	rn all correspondence concerning this mat-	ter to the following:	
	Karo	Name of Person	Ky Py
	RR30A	Firm/Company	
		ilwood Ct.	
		Address	
	PANAMU (Cit KO++MANA E-mail address: (to be used fi	IN Beach, FL y/State and Zip Code JCARA G G M or future annual report notification	32413 ail wm
For further in	nformation concerning this matter, please of	call:	
Enclosed is	Name of Person Are	214 691521 a Code Daytime Telephone	Number
\$125.00	Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional 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 Div The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee 1, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	RR30A, LLC			
(Must contain	he words "Limited Liability Con	mpany, "L.L.C"	" or "LLC.")	
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of the l	Limited Liability	Company is:	
	ffice Address:		Mailing Address:	
100 Sandala Panama city	Brach FL 32413	<u> </u>	100 Sandul	Brach FL 1413
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ	not serve as its own Registered			ual or
The name and the Florida street add			1)	
_	Yara P. Name 100 Sandul Wood	erly	- Kul	P
	Florida street address (P.O. Box		<u> </u>	
<u> </u>	Parama-CIH B			
laving been named as registered agen lace designated in this certificate, I ha orther agree to comply with the provis m familiar with and accept the obliga	reby accept the appointment as i ions of all statutes relating to the	registered agent proper and con l agent as provid	and agree to act in this applete performance of need for in Chapter 605,	s capacity. I ny duties, and I
	(CONTIN	(UED)		PILED ALLAMSSIPHION

<u>itle:</u>		Name and Address:
AMBR" = Autho		
MGR" = Manag	er)	Kura Percy
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V: Effective da tive date is liste	ite, if other than the da	nte of filing: 7/30/2023. (OPTIONAL)
tive date is liste filing.) he date inserted ent's effective d	ite, if other than the dated, the date must be so in this block does not late on the Departmen	specific and cannot be more than five business days prior to or 90 of t meet the applicable statutory filing requirements, this date will not be
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-