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SECRETARY OF STATE SECRETARY OF STATE FLORIDA

J. BRYAN

AUG 23 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Bonald	Sh yo Name of Limited	lor L.L.C. d Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ronald	Snyda	Name of Person		
Ronald	Snyc	Let L.L.C Firm/Company	SE SE	
6620	Solden	Rod	AUG 21	
H. Ft. 1	Myers	F1. 33917 /State and Zip Code	O R 2:	
quick6a86aol. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Susan Swi	f t	at (<u>A39</u> <u>850 - 9</u> Area Code & Daytime Telep	8075 shone Number	
Enclosed is a check for the follo	wing amount:			
	0 Filing Fee & cate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registra Divisior P.O. Bo	Address tion Section of Corporations x 6327 see, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RUSSIL
(Must end with 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:
Ronald Snyder Bonald Snyder 6620 Golden Rd. H. Ft. Myers, Fl. 33917 N. Ft. Myers, Fl. 33917
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:
Ronald Snyder ASSE 20
6620 Golden Rd Florida street address (P.O. Box NOT acceptable)
N. Ft. Myers FL. 33917 R
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 608, F.S.

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

	s) or Managing Member(s): ach Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Men	Name and Address:
 	
	TASE 5
	THE
	ASSEE. OF PR
	PA 2: 22
	DRO 22
(Use attachment if necessar	<i>P</i>
ARTICLE V: Effective date, if oth (If an effective date is listed, the date or 90 days after the date of films	er than the date of filing: (OPTIONAL) Ite must be specific and cannot be more than five business days prior g.)
REQUIRED SIGNATUR	E:
Non	rald Smyder
Signature	of a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution
of this doc	ument constitutes an affirmation under the penalties of perjury ets stated herein are true.)
<u>f</u>	Ronald Snyder Typed or printed hands of signee
Filling Fees:	
\$425.00 Filing Fee for Artic of Registered Age \$ 30.00 Certified Copy (Op \$ 5.00 Certificate of Statu	otional)