

L 000000003133

16 March, 2000

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

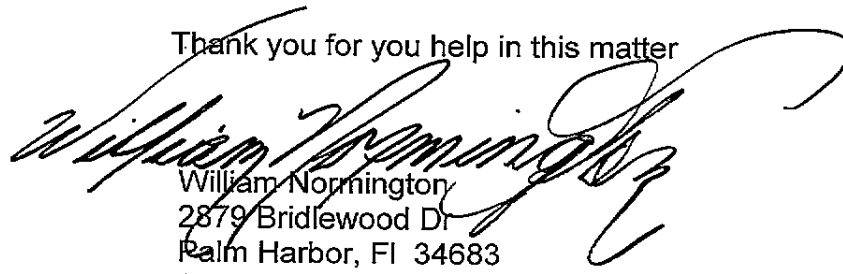
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-03/17/00--01086--007  
\*\*\*\*125.00 \*\*\*\*125.00

Sub: Registration of LLC

Dear Sir:

Would you please process this application for RYNO Investigations, LLC.  
Enclosed is a cashiers check for \$125 to be to both the filing fee and the cost of  
The Registered Agent.

Thank you for you help in this matter

  
William Norrington  
2879 Bridlewood Dr  
Palm Harbor, FL 34683  
(727) 773-9507

FILED  
00 MAR 17 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mnt  
3/21

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**RYNO INVESTIGATIONS, LLC**

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**2879 Bridlewood Dr.  
Palm Harbor, FL 34683**

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

William M. Normington  
Name  
2879 Bridlewood Dr.  
Florida street address (P.O. Box **NOT** acceptable)  
Palm Harbor, FL 34683  
City, State, and 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 608, F.S.*

William M. Normington  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

FILED  
MAR 17 AM 8:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(An additional article must be added if an effective date is requested)

William M. Normington  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William M. Normington

Typed or printed name of signer

### FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)