# L02000007985 Check For 12500 The FLUNG Fee AND resident AGENT Des(GNATION) PLEASE FORWARD A COP OF The Anticles to Me UPON FILING CNON CONTIFIED Michael D Find 12274 1ST ST W # TREAS IS FL 33706 727-341-2678 727 3412699 FAL

LU2-1985

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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| ARTICLE I - Name: The name of the Limited Liability Company is:  RYOW ENTERPRISES   | LLC                                   |
|---|---------------------------------------|
| ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Com  505 Dwtchmill Dr  Flushing, mI 48433  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature   |                                       |
| The name and the Florida street address of the registered agent are:  |                                       |
| Michael D. FINN<br>Name   |                                       |
| Florida street address (P.O. Box NOT acceptable)  Treasure Treasure 33706   |                                       |
| Treasure Island FL 33706 City, State, and Zip   |                                       |
| Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointmen registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar w accept the obligations of my position as registered agent as provided for in Chapter 608, F | et as<br>sions of all<br>ith and      |
| Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers therefore, a manager - managed company.  | and is,                               |
| (An additional article must be added if an effective date is requested)   | F<br>02 API<br>SECRET                 |
| Signature of a naember or an authorized representative of a member.   | R-I F<br>ARY OF<br>ASSEE, I           |
| (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.)  | D<br>PM 12: 03<br>= STATE<br>FLORIDA  |
| AND SCW Ryan  Ryped or printed name of signee   | · · · · · · · · · · · · · · · · · · · |

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)