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TRANSMITTAL LETTER

FILED . 03 CCT 29 PH 5: 08 MULAHASSEE, FLORID.

TO: Registration Section Division of Corporations

RISKUSA L.L.C.

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER R. LELLA
(Name of Person)

RISKUSA L.L.C.

5551 NW 112 Ave. #108

MIAMI, FL 33178-4129
(City/State and Zin Code)

For further information concerning this matter, please call:

PETER R. LELLA at (786) 443 - 6144

(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Miami, August 12th, 2003

FILED:
03 00T 29 PM 5:
ALL AHASSEE, LOW

DEPARTMENT OF STATE
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Ref.: RISKUSA L.L.C.

Dear Sir,

Attached to the present are two originals of the Articles of Organization for Florida Limited Liability Company (RISKUSA L.L.C.).

Also there is enclosed a check in the amount of \$ 145.00 for the fees regarding this registration.

Please send me back a certified copy of the filling.

Regards,

Peter Lella



FILED 03 OCT 29 FM 5: 0

TOTAL OF STAT

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 21, 2003

PETER LELLA 5551 NW 12TH AVE. #108 MIAMI, FL 33178

SUBJECT: RUSKUSA L.L.C. Ref. Number: W03000023875

We have received your document for RUSKUSA L.L.C. and your check(s) totaling \$145.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$10.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 603A00047497

Miami, September 29, 2003

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PALLAHASSFE, FLORIE

DEPARTMENT OF STATE Division of Corporations Registration Section Attn.: Agnes Lunt P O BOX 6327 Tallahassee, FL 32314

Dear Agnes Lunt,

Attached are the pending documents that you told me to send to you. Also enclosed you will find a check for \$ 10.00 (dollars fen with 00/100), that was also pending.

Please feel free to contact me if you need, my cell is (786) 443-6144. My address is 5551 NW 112th Ave., Suite 108, Miami, FL 33178.

Best regards,

Peter Lella

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: RISKUSA L.L.C. ALLAHASSEE, FLORIDA

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

Principal Office Address:	Mailing Address:
SSSI NW 112 Ave #108	5551 NW 112 Ave. # 108
MIAMI, FL 33178-4129	MIAMI, FL 33178-4129

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

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

ARTICLE II - Address:

	PET	ER	R. L	ELLA		
Name						
	5551	NW	112	Ave.	#108	
Florida street address (P.O. Box NOT acceptable)						
	MIA.	Μι,	FL	33	178-4120	
		City, S	tate, and Z	ip '		

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..

Registered Agent's Signature

(CONTINUED)

	lanager(s) or Manag						
The name and address of each Manager or Managing Merr		or Managing Member is as follows:	FILED				
Title:		Name and Address:	03 OCT 29	PM 5: 08			
"MGR" = Manage "MGRM" = Mana			HUMERANI	OF STATE			
MGRM		PETER R. LELLI	A TALLAMASSI	FE. FLORIDA			
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(Use attachment it	f necessary)						
NOTE: An addi	tional article must be	e added if an effective date is requeste	d.				
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REQUIRED SIG	NATURE:	1-A ₁ /)					
		llluf_					
	Signature of a member	r or an authorized representative of a membe	<u>.</u>				
	(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.)						
	PETE		_				
	Typ	ped or printed name of signee	-				

<u>Filing Fees:</u> S100.00 Filing Fee for Articles of Organization S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)