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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY
RYAN MAPLE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

JB
2-18-04

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**
(Pursuant to s.608.407, Florida Statutes)

ARTICLE I - NAME

The name of the Limited Liability Company is:

Ryan R. Maple, LLC

ARTICLE II - ADDRESS

The mailing address of the principal office is:

5029 Malus Drive
New Port Richey, FL 34652

ARTICLE III - REGISTERED AGENT

The name and address of the registered agent are:

Ryan R. Maple
5029 Malus Drive
New Port Richey, FL 34652

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.

 02/17/04
Signature of Registered Agent

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

Ryan R. Maple
5029 Malus Drive
New Port Richey, FL 34652

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 within are true.

 02/17/04
Signature of Member/Manager

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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