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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ry/State/Zip/Phone#	9
PICK-UP	WAIT	MAIL MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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DEFAIL OF STATE ORIDAS TALLAHASSEF FLORIDA

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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			· #	
SUBJECT: MATT RISCH (Name of L	imited Liability Company)	<u> </u>	<u></u>	
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.		•	
Please return all correspondence concerning this ma	atter to the following:			
MATT CISCH (Name of Person)				SECRETAT TALLAHAS
MAT RISH (Firm/Company)		·	u e	SECRETARY OF SIAIDA ALLAHASSEE FLORIDA O4 APR 12 PM 4: 33
410 Victory Garden Dr.	#153		-	ω 7
Tall. F1. 3230 (City/State and Zip Code)	·	. ;		
For further information concerning this matter, plea	ase call:			
(Name of Person)	at (elephone Number)		, see
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			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MATT RISCH LLC	
ARTICLE II - Address: The mailing address and street address of the principal of	
Principal Office Address:	Mailing Address:
410 Victory Garden Dr. #153 Tan. Fl. 32301	Same
ARTICLE III - Registered Agent, Registered Office,	
The name and the Florida street address of the registered	
MATT RISCH Name	
YW Victory October 19	DC、并153 OT acceptable)
Tall. FL. City State and Zin	

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)

TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s): The pame and address of each Manager or Managing Me

<u>Fitle:</u> 'MGR" = Manager		Name and Address:
'MGRM" = Managi	ng Member	
MGRM.		MATT RISCH
		410 Victory Garden OC. #153
		Tall F1, 32301
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		gia.
	ه میر در میر ا	
Jse attachment if n	ecessary)	
		e added if an effective date is requested.
OTE: An additio	onal article must b	e added if an effective date is requested.
Use attachment if n	onal article must b	e added if an effective date is requested.
OTE: An additio	onal article must b	e added if an effective date is requested.
OTE: An addition	onal article must b ATURE:	e added if an effective date is requested. r or an authorized representative of a member.
OTE: An addition REQUIRED SIGN	ATURE: Signature of a member (In accordance with secondance)	r or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

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)