

L041000037507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

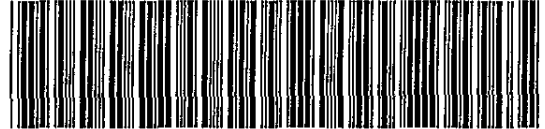
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 MAY - 7 PM 2:00  
AND  
FILED

JB  
5-18-04

**TRANSMITTAL LETTER**

**To:** Registration Section  
Division of Corporations

**Subject:** Ryan Moore LLC  
(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:

Ryan Moore  
(Name of Person)

Ryan Moore LLC  
(Firm/Company)

PO Box 6643  
(Address)

Destin, FL 32550  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joyce A Tucker, CPA at 850-654-9235  
(Name of Person) (Area Code & Daytime Phone 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY -7 PM 2:00

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name:**

The name of the Limited Liability Company is:

**Ryan Moore LLC**

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**Address:**

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

**Principal Office Address:**

**Mailing Address:**

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**1234 Airport Road #118  
Destin, FL 32541**

**PO Box 6643  
Destin, FL 32550**

**ARTICLE III**

**Registered Agent, Registered Office & Registered Agent's Signature**

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

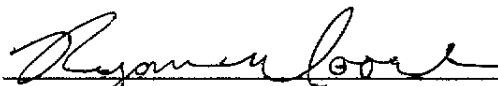
**Ryan Moore  
Name**

**1234 Airport Road #118  
Florida street address (P.O. Box NOT acceptable)**

**Destin, FL 32541  
City, State, and Zip**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 MAY -7 PM 2:00  
FILED

*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 registered agent as provided for in Chapter 608, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

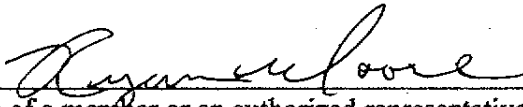
**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" – Manager	
"MGRM" – Managing Member	
<u>    MGRM    </u>	<u>Ryan Moore</u>
	<u>PO Box 6643</u>
	<u>Destin, FL 32550</u>

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

    Ryan Moore      
\_\_\_\_\_  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
AND