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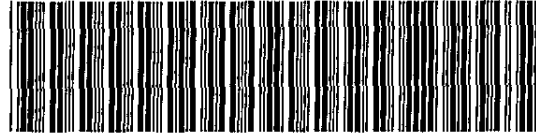
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Ripton Associates, LLC*

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- ☐ Art of Inc. File \_\_\_\_\_
- ☐ LTD Partnership File \_\_\_\_\_
- ☐ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- ☐ Fictitious Name File \_\_\_\_\_
- ☐ Trade/Service Mark \_\_\_\_\_
- ☐ Merger File \_\_\_\_\_
- ☐ Art. of Amend. File \_\_\_\_\_
- ☐ RA Resignation \_\_\_\_\_
- ☐ Dissolution / Withdrawal \_\_\_\_\_
- ☐ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- ☐ Photo Copy \_\_\_\_\_
- ☐ Certificate of Good Standing \_\_\_\_\_
- ☐ Certificate of Status \_\_\_\_\_
- ☐ Certificate of Fictitious Name \_\_\_\_\_
- ☐ Corp Record Search \_\_\_\_\_
- ☐ Officer Search \_\_\_\_\_
- ☐ Fictitious Search \_\_\_\_\_
- ☐ Fictitious Owner Search \_\_\_\_\_
- ☐ Vehicle Search \_\_\_\_\_
- ☐ Driving Record \_\_\_\_\_
- ☐ UCC 1 or 3 File \_\_\_\_\_
- ☐ UCC 11 Search \_\_\_\_\_
- ☐ UCC 11 Retrieval \_\_\_\_\_
- ☐ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: *WC*

Name \_\_\_\_\_

Date *11/12*

Time *2:00*

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
RIPTON ASSOCIATES, L.L.C.**

The undersigned, desiring to form a Limited Liability Company for the purposes hereinafter stated under and pursuant to the laws of the State of Florida, does hereby declare as follows:

**ARTICLE I.**

**NAME**

The name of the Limited Liability Company is RIPTON ASSOCIATES, LLC.

**ARTICLE II.**

**ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 3179 Hoylake Road, Lake Worth, Florida 33467.

**ARTICLE III.**

**REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

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

William G. Shofstall  
828 Squire Drive  
West Palm Beach, Florida 33414

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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, Florida Statutes.

  
\_\_\_\_\_(SEAL)  
WILLIAM G. SHOFSTALL  
Registered Agent

**ARTICLE IV.**  
**MANAGEMENT**

The Limited Liability Company is to be managed by a member and is, therefore, a member-managed company.

  
\_\_\_\_\_(SEAL)  
MICHAEL RIPTON  
Managing Member

In accordance with Section §608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_(SEAL)  
MICHAEL RIPTON  
Managing Member