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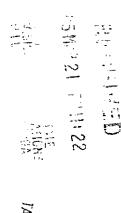
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## CT CORPORATION

March 21, 2005

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 6325312 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

Ritter-Planet, LLC (FL) Formation Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Stephanie Sanders Fulfillment Specialist Stephanie\_Sanders@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 TATE OS MAR 2, PAR 2: 35

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
Ritter-Planet, LLC	·
ARTICLE II - Address:	
The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3710 North 53rd Avenue	3710 North 53rd Avenue
Hollywood, Florida 33021	Hollywood, Florida 33021
	ered Office, & Registered Agent's Signature:
The name and the Florida street address of	the registered agent are:
CT Corporation	
N	lame = ==================================
1200 South Pine Island R	oad
Florida stree	et address (P.O. Box NOT acceptable)
Plantation,	FL
City, Si	tate, and Zip

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..

Connia Bryan Special ASST. Sec.

Registered Agent's Signature

(CONTINUED)

## 'ARTICLE IV- Manager(s) or Managing Member(s):

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Walter Ritter 3710 North 53rd Avenue Hollywood, Florida 33021
(I lee attachment if necessary)	
(Use attachment if necessary)  NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
(In accordance with section	an authorized representative of a member.  608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury

Scot Burton

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)