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WS 263

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: <u>RYAN'</u>	S HOUSE L.L.C (PROPOSED CORPORATI	E NAME – <u>MUST INCLUD</u>	DE SUFFIX)	
Enclosed is an original a	and one(1) copy of the article	es of incorporation and a	check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Cop & Certificate	
	•	ADDITIONAL CO	PY REQUIRE	D
FROM:	RONALD L. DAVIS, ESQ. Name (Printed or typed)			<u>د</u>
	SUITE 200,1550 NE MIAMI GARDENS DRIVE Address		RIVE	n Cop n n n n m-m
	NORTH MIAMI BEACH, FLORIDA 33179 City, State & Zip		, .	1 2 2 2 2 2 24
	(305) 940-2352 Daytime Tel	ephone number		

NOTE: Please provide the original and one copy of the articles.

ARTICLE I - Name:

The name of the Limited Lizbility Company .

RYAN'S HOUSE LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1933 TIGERTAIL BLVD., DANIA BEACH, FLORIDA 33004

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

RONALD L. DAVIS, ESQ. Name SUITE 200,1550 N.E. MIAMI GARDENS DRIVE Florida street address (P.O. Box NOT acceptable) NORTH MIAMI BEACH, FLORIDA 33179

City, State, 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 recitive agent as provided for in Chapter 608, F.S.

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional Afficia must be added if an effective date is requested)

Angineud Agent's Signature

Signature of a rember 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 ponalties of perjury that the facts stated herein are true.)

KEVIN FAITH

Fling Poor:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)