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(Re	equestor's Name)	-
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## TRANSMITTAL LETTER

TO: Registration Se Division of Cor		-	
SUBJECT:	Ryker Enterpr	ise, L.L.C.	
	(Name of Limited	Liability Company)	
	Organization and fee(s) are su		
ricase return and corresp			
<del></del>	RYKER DAVI	D PETERS Vame of Person)	
	(r	vame of reison)	
	Ryker Enterprise	errote t. C	
		Firm/Company)	· · · · · · · · · · · · · · · · · · ·
	7421 N.E.	57th Street (Address)	
	Gainesvill (City/	e, FL 32609 State and Zip Code)	
For further information	concerning this matter, please	call:	
Ryker D.	Peters	at ( 352 ) 283-626	07 ((vel)
	of Person)	at (352) 283-626 (Area Code & Daytime To 0 352/372-6053	elephone Number)
Enclosed is a check fo	r the following amount:	•	( )
☐ \$125.00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street	MAILING A Registration S Division of C P.O. Box 632	ection orporations 7

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

	RPRISE, L.L.C.
ARTICLE II - Address:	
The mailing address and street address o	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7421 N.E. 57th Street Gainesville, FL 32609	7421 N.E. 57th Street Gainesville, FL 32609
ARTICLE III - Registered Agent, Reg	stered Office, & Registered Agent's Signature:
The name and the Florida street address	of the registered agent are:  Pavid Peters  Pavid Peters  Pavid Peters
The name and the Florida street address	of the registered agent are:    Savid Peters   Part   Part
The name and the Florida street address  Ryker	of the registered agent are:  Name  Pavid Peters  Name  PROPER  PROPER
The name and the Florida street address  Ryker  7421	of the registered agent are:    Savid Peters
The name and the Florida street address  Ryker  7421	of the registered agent are:    SAUG Peters

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..

(CONTINUED)

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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Ryker David Peters
	7421 N.E. 57th Street
	Gainesville, FL 32609

(Use attachment if necessary)

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.)

RYKER DAVID PETERS

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)