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Requestors NAM 31 A 10: 30 (Requestors NAM A 10: 30 TALLARY OF STATE A TALLARASSEE FLORIDA					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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TO: R	egistration Section		_	
D	ivision of Corporations		2006 JAN 31 A	IU: 30
CID IE CI	RITI	1.0		
SUBJECT	(Name of Limited Liab	lity Company)	SECRETARY OF STALLAHASSEE, FL	STATE .ORIDA
				= -
The enclos	ed Articles of Organization and fee(s) are submitted	ed for filing.		
Please retu	rn all correspondence concerning this matter to th	e following:		
	LINDA L. VINC	:		. 445 (4155 <u>) 18</u> 40 4 10 1
	(Name o	f Person)		· · · · · · · · · · · · · · · · · · ·
				,
	(Firm/C	ompany)		, i fer e
_	23197 Grassace Pina	Dr		
<u> </u>	23192 Grassey Pine	iress)		
	Estero FL 3392;	7	• *	
		nd Zip Code)		
For further	information concerning this matter, please call:			
Line	da L. VINCE at (a)	239 949-67 (Area Code & Daytime Telepho	00 ×10 ne Number)	· · '
Enclosed	is a check for the following amount:			
国 \$125.00	Filing Fee \$130.00 Filing Fee & \$\square\$	S155.00 Filing Fee &	\$160,00 Filing Fee,	
	Certificate of Status Cer	tified Copy Cer tional copy is enclosed) Ce	rtificate of Status & ertified Copy ditional copy is enclosed)	

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLE I - Name: The name of the Limited Liability Company is: RITLLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: Sama Estaro FL (133928) ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another

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

business entity with an active Florida registration.)

Linda L. Vince

23192 Grassy Pine Dr Florida street address (P.O. Box <u>NOT</u> acceptable)

Estero FL 33928
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 registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:						
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2006 J.				
Shahid Sultan MGRM	15671 Chatfield Dr. Ft. Myers FL. 33908	SECRE TALLAHA				
<u>Kelli M. Su</u> ltan MGRM	15671 Chatfield Dr. Ft. Myers FL 33908					
Bryan C. Vince MGRM	5959 Winkles Rd #306 Ft Myers FL 33919	·				
Linda L. Vince MGRM	23192 Grassy Pine Dr. Estero FL 33928					
(Use attachment if necessary)		,				
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)						
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.)						
LINDA Typed	L. VINCE for 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)