

Florida Department of State
 Division of Corporations
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To: Division of Corporations
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From: Account Name : CORPORATE CREATIONS CHICAGO, L.L.C.
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FLORIDA/FOREIGN LIMITED LIABILITY CO.
THE STATE OF RYAN, LLC

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Corporate Filing Menu

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August 11, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE STATE OF RYAN, LLC
P.O. BOX 7097
WEST PALM BEACH, FL 33405

SUBJECT: THE STATE OF RYAN, LLC
REF: W06000035486

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The principal address must be at a street address. A post office box is not acceptable.

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Deborah Bruce
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE STATE OF RYAN, LLC

(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:C/O LEWIS M. SANG
1420 N. Lake Shore Drive Apt. 14A
Chicago, IL 60610**Mailing Address:**P.O. Box 7097
West Palm Beach, FL 33405**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 business entity with an active Florida registration.)

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

CORPORATE CREATIONS NETWORK INC.

Name

11380 Prosperity Farms Road #221EFlorida street address (P.O. Box NOT acceptable)Palm Beach Gardens FL 33410

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)*Nick E. Vignar, V.P. - Corporate Creations Network, Inc.*

(CONTINUED)

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DIVISION OF CORPORATE REGISTRATION

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:MGRLewis M. SangP.O. Box 7097West Palm Beach, FL 33405______________________________

(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.)

Amanda A. Sprenger Corporate Creations Chicago L.L.C.

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)

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