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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:	Ritzel Big (Name of Limite	Z LLC d Liability Company)		
The enclosed Articles o	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
	Corrine	Ritzel Name of Person)		
	ı	(Firm/Company)		
	17544 Cob	(Address)	OS DE PROPERTIES	- FRE
	Clermont	/State and Zip Code)	06 DEC 18 PM 2: 29	THE STATE OF
For further information	concerning this matter, please	call:	A 2: 29	OF STATIONS
<u>Corrire</u>	Ritzel e of Person)	at (407) <u>677-</u> (Area Code & Daytime T	0970 elephone Number)	
Enclosed is a check for	or 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)	
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporation		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
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 45:
Principal Office Address: Mailing Address:
17544 Cobblestone Ln 17544 Cobblestone Ln. Clermont, FL 34711 Clermont, FL 34711
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:
Corrine Ritzel
Florida street address (P.O. Box NOT acceptable)
Clermon+ FL 34711 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 (REOURED)

(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	Name and Address:
"MGRM" = Managing Member	60 CT
MGRM	James Ritzel 17.544 Cobblestone In. Clermont, FL 34711 Corrine Ritzel
MGRM	Corrine Ritzel 17644 Cobblestone Ln. Clermont FL 34711
·	
	e date of filing: <u>Jan.</u>), <u>2007</u> . (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	Riftel er or an authorized representative of a member.
(In accordance with se	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
Corri	ped 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)