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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SURJECT: RNG W	/EB HOSTING, LLC		
Sobject.	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Dale W Sar	nford		
		Name of Person)	
RNG WEB	HOSTING,LLC		5
		(Firm/Company)	OT SE
1207 Suth	erland CT		OT AUG +3 PH 1: 56
		(Address)	သ င်စွ
Lynn Have	en, FL 32444		PA
_ 		/State and Zip Code)	5
T 6 1 1 6 1		u.	σ
For further information	concerning this matter, please	call:	
Dale W Sanford		at (850) 248-396	4
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	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 P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	2 DAYSES
	a de la
RNG WEB HOSTING, LLC	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
	085
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company 数:
Principal Office Address:	Mailing Address:
RNG WEB HOSTING, LLC	RNG WEB HOSTING, LLC
1207 Sutherland Ct	1207 Sutherland Ct
Lynn Haven, FL 32444	Lynn Haven, FL 32444
The name and the Florida street address of the re	egistered agent are:
Name	
1207 Sutherland Ct	
	ress (P.O. Box NOT acceptable)
Lynn Haven	FI. 32444
City, State, an	* -
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited in scertificate, I hereby accept the appointment as I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and tered 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:

10	Γitle: 'MGR" = Manager		Name and Address:	
11	'MGRM" = Manag	ging Member		
!	MGRM		Dale W Sanford	
_		-	1207 Sutherland Ct	<u> </u>
			Lynn Haven, FL 32444	2 5%
	MODM		Line O Conford	T NIC +3 PH
<u>_</u>	MGRM	-	Lisa C Sanford 1207 Sutherland Ct	
			Lynn Haven, FL 32444	<u>u</u> ggap
			Lymriaven, i L 32444	——————————————————————————————————————
_		-		% *
_		_		
(Use attachment if	necessary)		
,	Osc attachment if	necessary)		
ARTICI	LE V: Effective da	te, if other than the date	of filing: August 6th, 2007	(OPTIONAL)
(If an eff	ective date is liste	d, the date must be spe	cific and cannot be more than five b	usiness days prior
	days after the date			
_				
Ī	<u>REQUIRED</u> SIGN	NATURE:		
		11 4		
	ŝ	ignature of a member or	an authorized representative of a member	
	(. o	In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	
		Dale W Sanford		
	•		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)