L0700010112-

9.₩_			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
,			

Office Use Only



500109438975

. 09/17/07--01049--018 **130.00

2001 OCT -3 PM 1:57

101112



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 18, 2007

JAMES A. RILEY **102 WATERWAY ROAD** ROYAL PALM BEACH, FL 33411

SUBJECT: JAMES A. RILEY LLC Ref. Number: W07000046063

We have received your document for JAMES A. RILEY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline **Document Specialist**

Letter Number: 907A00054927

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE		imited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	JAMES	(Name of Person)			
-	JAMES	A. RiLEY			
(Firm/Company) # 102.WATERWAY.ROAD.					
	RoyaL Pahn	(Address) 1 BCH Fh. #33411. (City/State and Zip Code)			
For further information concerning this matter, please call:					
Sta	(Name of Verson)	at (<u>561</u>) <u>282 - 8570</u> (Area Code & Daytime Telephone Number)			
Enclos	ed is a check for the following amoun	t:			
\$125 .0	00 Filing Fee \$130.00 Filing Fee Certificate of Status				
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building			

10CT -- 3 PM 1: 5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
James a Riley	- LLC."	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
102. WATERWAY RO. ROYAL PALM BCH. FL. 33411.	102 WATERWAY ROYAK PAKM BCK FK 33411	RO
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
TAMES Name	A. RiLEY	
/OZ WATERWAY / Florida street add	ROAO. ress (P.O. Box NOT acceptable)	
RoyAh PAhm BCH City, State, a	FL 334//. nd Zip	
Having been named as registered agent and to a 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 the obligations of my position as regis	his certificate, I hereby accept th	te appointment as the provisions of all n familiar with and hanter 608? F.S.
Registered Agent's Signature	Kiley	OCT -3 RETARY AHASSE
	(PH 1: 57 OF STATE E. FLORIDA
(CONTINI		
Page 1 of 2	2	

ARTICLE IV- Manager(s) or Manager and address of each Manager	aging Member(s): ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM."	LOND A KURY. 102 WATERWAY RD ROYAL PALM BCIT FL 33411#
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	
to or 90 days after the date of filing.)	e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	V Riley.
(In accordance with sec	er or an authorized representative of a member. Stion 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury erein are true.)
Type Charles Reports of the Charles of Organ State of of Or	提供 110mm
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	क्रिंस ज