

LO7000109327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

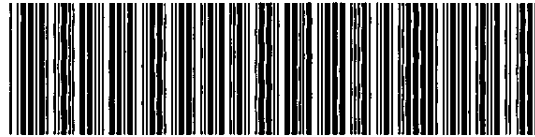
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100111270231

10/26/07--01026--007 **125.00

FILED
2007 OCT 26 P 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Sharon H. Ryan LLC
Certified Public Accountant
200 E. Lake Mary Boulevard
Sanford, FL 32773
Tel: 407-312-6706**

**To: Registration Section
Division of Corporations**

SUBJECT: Sharon H. Ryan LLC

The enclosed Articles of Organization and fee is submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon H. Ryan
200 E. Lake Mary Boulevard
Sanford, FL 32773

For further information concerning this matter, please call:

Sharon H. Ryan 407-312-6706

Enclosed is a check for the following amount:

\$125.00 Filing Fee

2007 OCT 26 P 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I: The name of the Limited Liability Company is:

Sharon H. Ryan LLC

ARTICLE II: The mailing and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
200 E. Lake Mary Boulevard
Sanford, FL 32773

Mailing Address:
200 E. Lake Mary Boulevard
Sanford, FL 32773

ARTICLE III: The Purpose for which this Limited Liability Company is organized is:
Any and all lawful business

ARTICLE IV: Registered Agent, Register Office, & Registered Agent's Signature

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

Sharon H. Ryan
200 E. Lake Mary Boulevard
Sanford, FL 32773

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

ARTICLE V: Manager or Managing Member:

The name and address of each Manager or Managing Member is as follows:

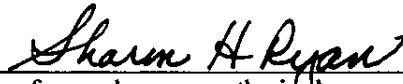
Title:

Name and Address:

MGMR

Sharon H. Ryan
200 E. Lake Mary Boulevard
Sanford, FL 32773

ARTICLE VI: Effective date, if other than the date of filing:



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.)

Sharon H. Ryan

Typed or printed name of signee

2007 OCT 26 P 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED