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Special Instructions to Filing Officer:

A. LUNT

JAN 2 5 2008

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2008 JAN 24 P 3: 11
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: Miguel R		ed Liability Company)	
	(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:	
Miguel Ryan			
	•	(Name of Person)	
Miguel Ryan E	nterprises LLC		
		(Firm/Company)	
3386 Cerrito CI	•		
<u> </u>		(Address)	20 S1
N. 1 . 101 . 1	24100		0000 JAN 24 SECRE ARY
Naples, Florida		/State and Zip Code)	S A A
	•	,	24 F ARY OF SSEE.
For further information	concerning this matter, please	call:	
			SIAI W
Miguel Ryan	of Person)	at (239) 253-3680 (Area Code & Daytime Te	elenhone Number)
(01. 0.5011)	(00 0000 to Day 11	1. (a. (a. (a. (a. (a. (a. (a. (a. (a. (a
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$1') 0.00 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)
	Mailin-2 Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Miguel Ryan Enterprises LLC Must end with the words "Limited Liability Company, "Limi	ted Companyörtheir abbreviation "L	LC," or "L.C.,")	
ARTICLE 11 - Address: The mailing address and street address of the pri	incipal office of the Limited	Liability Con	ipany is:
Principal Office Address:	Mailing Address:		
3386 Cerrito Ct. Naples, Florida 34109	3386 Cerrito Ct. Naples, Florida 34109		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the remainder of the Registration of the	ered Agent. You must designate an in	at's Signature 2008 JAN 24 SECRETARY	r
Name		N 2L TARY	FILE
3386 Cerrito Ct.			m
Naples, Florida street add	ress (P.O. Box NOT acceptable)	STATI LORIC	D
City, State, as	nd Zip	AE -	
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	nis certificate, I hereby accept v. I further agree to comply w rformance of my duties, and I	t the appointm ith the provision am familiar w	ent as ons of all vith and

Myully Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Me	Name and Address:
Manager	Miguel Ryan
	3386 Cerrito Ct.
	Naples, Florida 34109
	TALL, 1008
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	<u> </u>
(Use attachment if necessar	•
LE V: Effective date, if othe ffective date is listed, the d days after the date of filing	or than the date of filing: (OPTION ate must be specific and cannot be more than five business days.)
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