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SEURETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 5 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C			<i>:</i>
SUBJI	E C T:	IND!	USTRIAS RISI LLC	
		Name of Limi	ted Liability Company	
The en	closed Articles	of Organization and fee(s) are	e submitted for filing.	
Please	return all corres	pondence concerning this ma	tter to the following:	
		ERIC (OTT AS MANAGER	
			Name of Person	
		C/O INI	DUSTRIAS RISI LLC	
			Firm/Company	
		26 N SE\	WALLS POINT ROAD	AL SE
			Address	CAE CAE
			LS POINT, FL 34996	ASS ASS
			ty/State and Zip Code	ing a r
-			EREJ@AOL.COM for future annual report notification	<u> </u>
For furt	ther information	concerning this matter, pleas	se call:	06 ATE RIDA
		RIC OTT	at (485 5460
	Name	of Person	Area Code & Daytime	Telephone Number
Enclos	ed is a check fo	or the following amount:		
]\$12 5.0	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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	e: nited Liability Company	y is:	
(Must		AS RISI LLC Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		ne principal office of the Limited	d Liability Company is:
Principal Office Ad	dress:	Mailing Address:	
26 N SEWALLS POINT		26 N SEWALLS POINT SEWALLS POINT, FL.	
(The Limited Liability Combusiness entity with an act	pany cannot serve as its own live Florida registration.)	ered Office, & Registered Age Registered Agent. You must designate an i	individual or another
The name and the Fl		the registered agent are:	O9 OCT SECRETA
_	ERIC OTT Name		FILED DCT -2 PM IZ RETARY OF S AHASSEE, FL
	26 N SEWAL	LS POINT ROAD	SEE.
_		(P.O. Box <u>NOT</u> acceptable)	PHIZ: 06 OF STATE EE. FLORIC
_	STUART FL 3499	6 _{FL}	: 06 TATE ORICO
	City, Sta	ate, and Zip	A
liability company registered agent and statutes relating to	oat the place designated agree to act in this cap the proper and complet	d to accept service of process for I in this certificate, I hereby acce acity. I further agree to comply te performance of my duties, and registered agent as provided for	pt the appointment as with the provisions of all I am familiar with and
	Registered Agent's S	ignature (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:

Title:		Name and Address:		
"MGR" = Manag "MGRM" = Man				
ERIC OTT	mgr	26 N SEWALLS POINT ROAD		
		SEWALLS POINT, FL 34996		
DIVIS TAMAYO	O maom	26 N SEWALLS POINT ROAD		
		SEWALLS POINT, FL 34996		
DERIC OTT	lynn	26 N SEWALLS POINT ROAD		
		SEWALLS POINT, FL 34996		
(Use attachment	if necessary)			
		date of filing: (
n effective date is list 90 days after the da		specific and cannot be more than five bu	siness days	prior
REQUIRED SIG	GNATURE:			
	ESOtherage	-	MAN NO	3
		or an authorized representative of a member.	AH	
	(In accordance with sect of this document consti- that the facts stated here	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury in are true.)	SEUKETARY O	-
		C OTT AS MANAGER	PM Z: 01 OF STATE E. FLORIE	Ö
Filing Fees:		ed or printed name of signee	TATE	
	_		>	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)