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| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |

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M. THOMAS

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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Ryals Family Properties, LLC Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| |
| Name of Person |
| |
| Firm/Company |
| 1020 SE SON Terrace |
| Ocale Hovide 34471 |
| Ocala, Florida 34471 City/State and Zip Code |
| Iryals 55 Daol. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Lorraine Ryals at (352) (24-3825) Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed) |
| Mailing Address Registration SectionStreet/Courier Address Registration SectionSectionDivision of Corporations P.O. Box 6327 Tallahassee, FL 32314Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: |
|---|
| Ryals Family Properties LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| Ocala, FIS 34471 Ocala, FIS 34471 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) |
| The name and the Florida street address of the registered agent are: |
| Lorraine Ryals Name |
| Florida street address (P.O. Box NOT acceptable) |
| Ocala FL 34474 HE ST NOT STATE OF THE STATE |
| 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 a 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 (REQUIRED) |
| Registered Agent's Signature (REQUIRED) |

(CONTINUED)

Page 1 of 2

| ARTICLE IV- Manager(s) or Manager and address of each Manager | naging Member(s): ager or Managing Member is as follows: |
|---|---|
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| MGRM | Lorraine Ryals 1020 SE SOM Terrace Ocala Fla 34471 |
| MGRM | Alma Byrd Post Office Box 5495 Tallohessee, Fla 32314 |
| MGRM | Michael Cobb 91-1121 Keoneuk Blud L-4 Ewa Beach, HT. 96706 |
| | |
| (Use attachment if necessary) CLE V: Effective date, if other than th | |
| effective date is listed, the date must 0 days after the date of filing.) | be specific and cannot be more than five business dars pri |
| REQUIRED SIGNATURE: Signature of a memi | ber or an authorized representative of a member. |
| (In accordance with s of this document cor that the facts stated h | section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury herein are true.) |
| LDKKa- | Fyped 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)