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(Requ	estor's Name)	
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EXAMINER

DESCRIPTION OF CONTRACTOR OR ACTIONS
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NATIONAL OR ACTION OR ACT

10 MAR 15 PH I: I

ECRETARY OF STATE

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJ	ECT:	RYC Co	nstruct of Limited L	iability Company			
The er	nclosed Articles	of Organization and	fee(s) are subn	nitted for filing,			
Please	return all corres	pondence concerning	g this matter to	the following:			
		<u> </u>	obert Nan	yo Dev- ne of Person		- · ·	_
			Fire	n/Company			Status & y is enclosed)
		. 79	10 Ke	nnedy Lane		·	_
		<	cac L	nnedy Lane Address FL. 342 te and Zip Code	2 4/2		
		٧٨٧	City/Sta	te and Zip Code	470		
		F-mail address: (1	26 34231	D Yahoo . Con	<u>1</u>		
For fu	ther information	concerning this mat			,		
	Robert	of Person	at (941 \ Area Code & Daytime	3612 Telephone Numb	er er	
Enclos	sed is a check for	or the following an	nount:				
] \$125.	.00 Filing Fee	□\$130.00 Filing Certificate of S	Status	/ 6155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica) Certified	te of Status &	
		Mailing Address Registration Secti Division of Corp P.O. Box 6327 Tallahassee, FL 3	on orations	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle	SECRETAR)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited	truction, LLC Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Compan
Principal Office Address:	Mailing Address:
7910 Kennedy Lane Savasota, Fl. 34240	Same
business entity with an active Florida registration.) The name and the Florida street address of the florida street address o	the registered agent are:
	et address (P.O. Box <u>NOT</u> acceptable)
Sarasota Cit	FL 34240 y, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete	d to accept service of process for the above stated lim I in this certificate, I hereby accept the appointment a acity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with a registered agent as provided for in Chapter 608, F.S.
accept the obligations of my position as	
accept the obligations of my position as i	Sola AHA
Registered Agent's Si	

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Robert Woor 7910 Kennedy Lane Sava cota / FC. 34240
· .	
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	date of filing: (OPTION e specific and cannot be more than five business d

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

AR 15 PM 1: 11

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

Typed or printed name of signee