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SECRETARY OF STATE

J. BRYAN

MAR 2 3 2009

**EXAMINER** 

## **COVER LETTER**

**Registration Section** 

TO:

Division of Corporations	
SUBJECT: RYAN SADLER LL	۵.
	Limited Liability Company
The enclosed Articles of Organization and fee(	s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Ryan	SADLER
	Name of Person  Firm/Company  PANISH WELLS RD  Address  Address
	Firm/Company PANISH WELLS RD
636 SP	ANISH WELLS RD
	Address
Jackso	NVILLE, FL 32218
	NVILLE, FL 32218  City/State and Zip Code
RYAN.	SADLER @ GMAIL.COM
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter,	please call:
RYAN SADLER Name of Person	at ( 904 ) 361-8649  Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
□\$125.00 Filing Fee □\$130.00 Filing Fe Certificate of Stat	
Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	Clifton Building

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 636 SPANISH NELLS RD 636 SPANISH WELLS RD JACKSONVILLE, FL 32218 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: RYAN SADLER 636 SPANISH WELLS RD Florida street address (P.O. Box NOT acceptable) TACKSONVILLE FL 32218 City, State, and Zip 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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM 636 SPANISH WELLS RD JACKSONVILLE, FL 32218 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Ryan SADLER

Typed or printed name of signee