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(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL-	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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S. HAWKES

AUG 2 4 2010

EXAMINER

COVER LETTER

	Registration S Division of Co			
		. •		
SUBJEC	T: Ryan Lic	chtenfels, LLC.	-111-1114 - 0	
		Name of Limit	ed Liability Company	
The enclo	sed Articles of	f Organization and fee(s) are	submitted for filing.	
Please ret	urn all corresp	ondence concerning this matt	ter to the following:	
<u>R</u>	yan Lichtenf	els		
			Name of Person	
R	yan Lichtenf	els, LLC.		
			Firm/Company	
<u>59</u>	910 Plumme	r Slade Court		
			Address	
Ta	ampa, FL 33			
			y/State and Zip Code	
ry	an.lichtenfel	s@gmail.com	for future annual report notification)	
5 6 4				
For furthe	er information	concerning this matter, please	e call:	
Ryan Li	chtenfels		at (_813)727-5124	
	Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed	l is a check fo	or the following amount:		
□\$125.00	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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
The name of the Limited Liability Company is:	
Ryan Lichtenfels, LLC.	3
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Contrary is:
Principal Office Address:	Mailing Address:
5910 Plummer Slade Court	5910 Plummer Slade Court
Tampa, FL 33625	Tampa, FL 33625
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Ryan Lichtenfels	
Name	
5910 Plummer Slade Cou	rt
Florida street add	ress (P.O. Box NOT acceptable)
Tampa, FL 33625 City, Sta	FL ite, and Zip
Having been named as registered agent and to a	accept service of process for the above stated limited

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..

Registered Agent's Signature (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:

"MGR" = Manager "MGRM" = Managing N	Name and Address: 1ember
MGR	Ryan Lichtenfels
	5910 Plummer Slade Court
	Tampa, FL 33625
(Use attachment if neces	sary)
CLE V: Effective date, if of	other than the date of filing: (OPTIONAL)
CLE V: Effective date, if of	other than the date of filing: (OPTIONAL date must be specific and cannot be more than five business days ing.)
CLE V: Effective date, if of the office of the date is listed, the days after the date of file of the date of the	other than the date of filing: (OPTIONAL date must be specific and cannot be more than five business days ing.) URE: The fulf of the specific and cannot be more than five business days ing.)
CLE V: Effective date, if of the office of the date is listed, the days after the date of file of the date of the	other than the date of filing: (OPTIONAL date must be specific and cannot be more than five business days ing.)
CLE V: Effective date, if of effective date is listed, the days after the date of file REQUIRED SIGNATU Signatur (In according this confit is confit in according to this confit is confit in according to the con	other than the date of filing: (OPTIONAL date must be specific and cannot be more than five business days ing.) URE: The fulf of the specific and cannot be more than five business days ing.)

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)