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K. SALY EXAMINER FEB 2 2011

COVER LETTER

,TO:	Registration S Division of Co			
SUBJ	ЕСТ:	Ryt Stu Name of Limite	JF LLC d Liability Company	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	oondence concerning this matte	er to the following:	
		Lizabeth 5.1	Nesse \ Name of Person	
			Firm/Company	
	L	1207 W. Bec	ach Parla Drive	2
			33609 /State and Zip Code	
	<u>, , , , , , , , , , , , , , , , , , , </u>	E-mail address: (to be used for	e amail com or future annual report notification)	
For fu	rther information	concerning this matter, please		
6	ELIZAbe	of Person	at (813) 766- Area Code & Daytime Telep	6128 Shone Number
	_	\$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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
Ryt Stuf (Must end with the words "Limited Lia	bility 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:
<u>4207 W. Beach Park</u> Dr Tampa, Fl. 33609	1. 4207 W. Beach Park Dr. Tumpa, Fl 33609
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)	
The name and the Florida street address of the	e registered agent are:
ELIZAbeth	· · · · · · · · · · · · · · · · · ·
<u>4207 W. (</u>	Beach Park Drive Ho 32 Enddress (P.O. Box NOT acceptable)
ACMAT	, FL 33609
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Men	nber
MGR	Elizabeth S. Wessel 4207 W. Beach Park Dr. Tampa, Fl 33609
MGRM	Joseph J. Wessel 4207 W. Beach Park Dr. Tampa, Fl. 33609
	- 14.
(Use attachment if necessar	y)
LE V: Effective date, if oth fective date is listed, the date days after the date of filing REQUIRED SIGNATUR	
REVOIRED OF THE OR	
Signature	of a member or an authorized representative of a member.
constitutes an affirm I am aware that any	a section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true, a false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)

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)