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RA Cas

COVER LETTER

SUBJECT: Ž	INN	COWAITME!	64.0	
Substitute 1.		Name of Limit	ted Liability Company	
The enclosed Articles	s of Org	ganization and fee(s) are	submitted for filing.	
Please return all corre	esponde	ence concerning this mat	tter to the following:	
714	· ·	POW ALTNEY		
- File			Name of Person	
RYA	·	bugLTNEY	Name of Person LL C Firm/Company	
··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··		,	Firm/Company	
292	7	Royal PALM	WA:/ Address	
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_ TALL	1	-6. 72309	ty/State and Zip Code	
		Cir	ty/State and Zip Code	
	i	E-mail address: (to be used	for future annual report notification)	
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5123.00 rining ree		Certificate of Status	Certified Copy Certificate of Status &	
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		1ailing Address Registration Section	Street/Courier Address Registration Section	-
	Γ	Division of Corporations 2.O. Box 6327		1
	r	.O. BOX 034/	2661 Executive Center Circle	-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ryan bwattney LLC (Must end with the words "Limited Liab	vility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7927 ROYAL PALM WAY TACL FL. 32309	2927 ROYAL PALM WAY THEE FL. 32309
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Ryan bus	67~ E'/
Nam	e
2927 Roy46 Florida street a	PAL in VAY ddress (P.O. Box NOT acceptable)
	FL 32 30 9 State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as reg	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Kegistered Agentosigi	TAR HASS

Page 1 of 2

<u>Citle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
M6RM	RYAN GUALTARY
	RYAN GEGITATY 2729 ROYAL Palm MAY
	TALL FL 32709
LE V: Effective date, if other than	the date of filing: (OPTIONA
fective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTIONA t be specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than ective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mer of a mer of a market any false in constitutes a third degree fereign constitutes as third degree fereign.	the specific and cannot be more than five business day more or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are the formation submitted in a document to the Department of States clony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than ective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mer of a mer of a market any false in constitutes a third degree fereign constitutes as third degree fereign.	t be specific and cannot be more than five business day in the formation submitted in a document to the Department of State.