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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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2011 JUL 18 AM (O: 32 SECRETARY OF STATE TAIL AHASSEE, FLORID

C. LEWIS

JUL 1 9 2011

EXAMINER

COVER LETTER

TO: Registration of Division o	on Section f Corporations		•		
SUBJECT: 4415 W. Wisconsin Ave LLC Name of Limited Liability Company					
Please return all cor	respondence concerning this ma	atter to the following	:		
Ryan		Douglas Name of Person		James	
		Firm/Company			
1816 V	Vinn Arthur Dr.	Address			
		Address			
Valrico	· · ·	ity/State and Zip Code			
ryandjam	es@hotmail.com				
-	E-mail address: (to be used	_	rt notification)		
For further informat	ion concerning this matter, pleas	se call:			
Ryan James		at (_813)	919-6713	····	
IN 8	me of Person	Area Code	& Daytime Teleph	one Number	
Enclosed is a chec	k for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	is enclosed)	B160.00 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	Registration Division of Clifton Bu 2661 Exec	of Corporations	ele	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:	
4415 W. Wisconsin Ave LLC		
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
1816 Winn Arthur Dr.	1816 Winn Arthur Dr.	
Valrico, FL 33594	Valrico, FL 33594	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	gistered Agent. You must designate an indiv	idual or another
The name and the Florida street address of th	e registered agent are:	FIL 2011 JUL 18 SECRETAR TALLAHASS
Ryan James		ARE TA
Nar 1816 Winn Arth		
Florida street	address (P.O. Box NOT acceptable)	FEST ES
Valrico, FL 33594		AH DI 38 OF STATE EE. FLORIDA
City,	State, and Zip	A

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.

Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

FILED

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

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

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CCORCTARY OF STATE

Title:	Name and Address:	TALLAHASSEE, FLORID
"MGR" = Manager "MGRM" = Managing Member	,	
MGR	Ryan James	
	1816 Winn Arthur Dr.	
	Valrico, FL 33594	
		··· — ···
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: July 11 2011 (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.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ryan James

Typed or printed name of signee

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)