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SLUNGSSEE FLORIN

B. BOSTICK JAN **- 9** 2012

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: James Ryan Manag	gement, LLC .	
	Limited Liability Company	
The enclosed Articles of Organization and fee(s	e) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
James Ashbridge		
	Name of Person	
	Firm/Company	<del></del>
2004 Onlin Diago Cinale		
3684 Gatlin Place Circle	Address	
0.1		
Orlando, Florida 32812	City/State and Zip Code	
jrashbridge@gmail.com	Chy/state and Zip Code	
	used for future annual report notification)	(2): O1
For further information concerning this matter,	please call:	
James Ashbridge	at ( 407 ) 970-2991	
Name of Person	Area Code & Daytime Telephone Number	2>
Enclosed is a check for the following amount	nt:	
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Statu		of Status & opy
Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:  James Ryan Management, LLC.					
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:				
<b>Principal Office Address:</b>	Mailing Address:				
3684 Gatlin Place Circle Orlando, Florida 32812	3684 Gatlin Place Circle Orlando, Florida 32812				

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:

James Ashbridge		E.	75	
Name		AH	$\equiv$	-13.00 pm
3684 G	atlin Place Circle	Place Circle		***************************************
	Florida street address (P.O. Box NOT acceptable)	, 13g	P	w/amer
Orlando	<sub>FL</sub> 32812	20		Se #
-	City, State, and Zip	ATE IRIDA	0 -	

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM — Managing Member	James Ashbridge 3684 Gatlin Place Circle Orlando, Florida 32812		
<del></del>		F.	
<del> </del>		75	12 JA
(Use attachment if necessary)		S. ILURIDA	Separation of the separation o
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mus to or 90 days after the date of filing.)			
<u>REQUIRED</u> SIGNATURE:			

Signature of a member of 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 periury that the facts stated herein are tri

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.)

James Ashbridge

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)