## L12000031450

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP , WAIT MAIL
(Business Entity Name)
(Decument Alimahan)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MAR - 5 2012
L. SELLERS

Office Use Only



800222787278

03/01/12--01004--005 \*\*125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: RITZ LIFE	
	of Limited Liability Company
The enclosed Articles of Organization and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
MANTAS KUDRIN	AS
<u> </u>	Name of Person
	Firm/Company
6770 INDIAN CRE	EK DRIVE APT 4C Address
MIAMI BEACH, FL 3314	1
14117 WIT BE/1011; 1 E 00 14	City/State and Zip Code
KMANTAS@GMAIL.CO  E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	er, please call:
MANTAS KUDRINAS	at (954 ) 383-1126
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount:
\$125.00 Filing Fee \$130.00 Filing F Certificate of S	
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	orations Division of Corporations Clifton Building

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
RITZ LIFE, LLC

(Must end with the words "Limited Liability 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:
6770 INDIAN CREEK DR. APT 4C	6770 INDIAN CREEK DR. APT 4C
MIAMI BEACH	MIAMI BEACH
FL 33141	fl 33141

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:

MANTAS KUDRINAS
Name
6770 INDIAN CREEK DR. APT 4C
Florida street address (P.O. Box NOT acceptable)
MIAMI BEACH, FL 33141 FL
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)

Page 1 of 2

"]	<u>'itle:</u> MGR" = Manager MGRM" = Managin	g Member	Name and Address:		
М	IGR		MANTAS KUDRINAS		
<u></u>			6770INDIAN CREEK DR. APT	4C	
			MIAMI BEACH, FL 33141		
_					
-					
				_	
•	Use attachment if ne	• ,	oto of filing:	(OPTION A	τ)
TICL an effe	EV: Effective date,	if other than the dathe date must be s	ate of filing:specific and cannot be more tha		
TICL an effo or 90 d	EV: Effective date, ective date is listed,	if other than the dathe date must be s			
RTICL an effo or 90 d	E V: Effective date, ective date, lays after the date of the date.	if other than the dathe date must be so filing.)  TURE:	specific and cannot be more tha	in five business day	
RTICL an effo or 90 d	E V: Effective date, ective date, lays after the date of the date.	if other than the dathe date must be so filing.)  TURE:		in five business day	
RTICL an effo or 90 d	E V: Effective date, ective date is listed, lays after the date of REQUIRED SIGNATED	if other than the dathe date must be so filing.)  TURE:  Lature of a member of the dather than	specific and cannot be more tha	member.  of this document ated herein are true.	
RTICL an effo or 90 d	E V: Effective date, ective date is listed, lays after the date of	if other than the dathe date must be so filing.)  TURE:  Lature of a member of the dather than	or an authorized representative of a 08(3), Florida Statutes, the execution of the penalties of perjury that the facts station submitted in a document to the D is provided for in s.817.155, F.S.)	member.  of this document ated herein are true.	
RTICL an effo or 90 d	E V: Effective date, ective date is listed, lays after the date of	if other than the dathe date must be so filing.)  TURE:  Lature of a member of the dather and false information under the dather degree felony a land ANTAS KUDF	or an authorized representative of a 08(3), Florida Statutes, the execution of the penalties of perjury that the facts station submitted in a document to the D is provided for in s.817.155, F.S.)	member.  of this document ated herein are true. epartment of State	
RTICL an effo or 90 d	E V: Effective date, ective date is listed, lays after the date of	if other than the dathe date must be so filing.)  TURE:  Lature of a member of the dather and false information under the dather degree felony a land ANTAS KUDF	or an authorized representative of a 08(3), Florida Statutes, the execution of the penalties of perjury that the facts station submitted in a document to the D is provided for in s.817.155, F.S.)	member.  of this document ated herein are true. epartment of State	
TICL an effo or 90 d	E V: Effective date, ective date is listed, lays after the date of	if other than the dathe date must be so filing.)  TURE:  Lature of a member of the dather and false information under the dather degree felony a land ANTAS KUDF	or an authorized representative of a 08(3), Florida Statutes, the execution of the penalties of perjury that the facts station submitted in a document to the D is provided for in s.817.155, F.S.)	member.  of this document ated herein are true. epartment of State	s prio
TICL an effo or 90 d	E V: Effective date, ective date is listed, lays after the date of	if other than the dathe date must be so filling.)  ATURE:  Ture:	or an authorized representative of a 08(3), Florida Statutes, the execution of the penalties of perjury that the facts station submitted in a document to the D is provided for in s.817.155, F.S.)	member.  of this document ated herein are true. epartment of State	s prio
TICL an effo or 90 d	E V: Effective date, ective date is listed, lays after the date of	if other than the dathe date must be so filing.)  ATURE:  TURE:  Ture of a member of a mem	or an authorized representative of a 08(3), Florida Statutes, the execution of the penalties of perjury that the facts station submitted in a document to the D is provided for in s.817.155, F.S.)  RINAS  d or printed name of signee	member.  of this document ated herein are true. epartment of State	s prio