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FILED 2013 FEB 13 AM ID: 42 SECRETARY OF STATE (850) 245-6051.

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Ruza Auto Delivery UC Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Olena Ruza		
Name of Person		
Olena Ruza Name of Person Rusa Auto Delivery LLC Firm/Company		
Firm/Company		
2733 Hidden Lake BLud #D		
Address		
Saea Sota, FL 34237 City/State and Zip Code donets e comcest. net E-mail address: (to be used for future annual report notification)		
City/State and Zip Code		
donets o comcust. net		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ot (
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certificate of Status & Certificate of		

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section

(additional copy is enclosed)

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Ruza Auto Delivery 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 C	ompany is:	
Principal Office Address: 2733 Hidden Lake Blud #D Same Sarasota, Fl 34237	• -	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or and business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are: OLena Ruza Name 2733 Hidden Lake Blud #D Florida street address (P.O. Box NOT acceptable) Saeasota FL 34237 City, State, and Zip	2013 FEB 13 AM 10: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED
Having been named as registered agent and to accept service of process for the above st liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the proper all statutes relating to the proper and complete performance of my duties, and I am fant and accept the obligations of my position as registered agent as provided for in Chapter Registered Agent's Signature (REQUIRED)	ntment as ovisions of niliar with	

(CONTINUED)

Page 1 of 2

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

A . . . No.

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRW - Wallaging Wellock	Oleng Ruza 2733 Hidden Lake Blud #1 Sapasota pl 34237
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	or an authorized representative of a member.
(In accordance with section 608. constitutes an affirmation under t am aware that any false information constitutes a third degree felony and the section of	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. State in a document to the Department of State as provided for in s.817.155, F.S.)
<u>Olena</u> Typ	Puzq ed 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)