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## **COVER LETTER**

	Registration Sect Division of Corpo			
SUBJEC	T: Rya	Name of Limite	d Liability Company	
The enclo	osed Articles of O	rganization and fee(s) are s	ubmitted for filing.	
Please ret	turn all correspond	dence concerning this matte	er to the following:	
		Ryan Dani	d Wyncham Name of Person	·
		•	undham L.L. Firm/Company	<u>d.</u>
	0	125 E. Magnoli	a Apt. C-2	
	Tall		. 32301 //State and Zip Code	
For further	er information con	E-mail address: (to be used for accerning this matter, please	2 @ amail, dom- or future annual report notification)	
_ Ry	an Lynd Name of F	erson erson	at ( SSV ) 567 -7 Area Code & Daytime Telep	280 hone Number
Enclosed	d is a check for t	he following amount:		
\$125.00	Filing Fee	1\$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>1</u>	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	13 FEB 25 AH II: I SECRETARY OF STA FALLAHASSEF FLORE

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Ryan Wyndham L. L. (Must end with the words "Limited Liability	<u>Z</u>	
' (Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
925 E. Magnolia Apt C-2 Tallahasses FZ. 32301	€ Same	<del></del> -
		<del></del>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or	another
The name and the Florida street address of the re		
Ryan Nynd	ham	
Name	/ .	
925 E. Magnolia	Apt. C-2 lress (P.O. Box <u>NOT</u> acceptable)	
Tallahayee City, Sta	FL 32301	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete and accept the obligations of my position as reg	his certificate, I hereby accept the ap ity. I further agree to comply with the e performance of my duties, and I am	pointment as e provisions of familiar with
Sy by	M (REQUIRED)	
Registered Agents Signati	ure (REQUIRED)	.~-1
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Page 1 of 2	2	25 AH II

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: $\overline{MG}R'' = Manager$ "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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 Wundham
Typed of printed name of signce

#### 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)

SECRETARY OF STATE