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**Esson** (DET 1 8 2013

(850) 245-6051.

#### **COVER LETTER**

TO: Registration Division of C				
Secl	anta One LLC	<b>D.</b>		
SUBJECT:		ted Liability Comp	any	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	3	
	condence concerning this mat	•		
	И. Ryan	····		
really 1	vi. i tydii	Name of Person	<del> </del>	
-		Firm/Company		
2011 H	oover Lane			
-		Address	• • • • • • • • • • • • • • • • • • • •	
Alexan	dria, VA 2230	08		
cottmil/79	ci 77@yahoo.com	ty/State and Zip Code	ė	
Comming	E-mail address: (to be used	for future annual repo	ort notification)	
For further information	concerning this matter, please	e call:		
Kathy M. F	Ryan	703	216-94	480
	of Person	at ( 703 Area Code	& Daytime Teler	phone Number
Enclosed is a check f	or the following amount:	•		
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$160.00 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	Registrat Division Clifton B 2661 Exe	ourier Address ion Section of Corporations Building ecutive Center C see, FL 3230!	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	ime: .imited Liability Company i	s:	
Seclanta One LLC.			
(M	fust end with the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		principal office of the Limited Liab	oility Company is:
Principal Office	Address:	Mailing Address:	
2011 Hoover Lane		2011 Hoover Lane	
Alexandria, VA 22308		Alexandria, VA 22308	
	Paul A. Ryan  Nan  25073 Marion Ave  Florida street a	ne address (P.O. Box NOT acceptable)	17 PM 1: RY OF STATI SEE, FLORIG
	Punta Gorda FL 33950		A I
	City,	State, and Zip	
liability compo registered agent all statutes rela	nny at the place designated in and agree to act in this cape ting to the proper and compl	o accept service of process for the an this certificate, I hereby accept the acity. I further agree to comply with lete performance of my duties, and I registered agent as provided for in construct (REQUIRED)	e appointment as h the provisions of I am familiar with

Page 1 of 2

(CONTINUED)

# ' ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member

MGRM	Douglas W. Ryan	
	2011 Hoover Lane	
	Alexandria, VA 22308	
MGRM	Kathy M. Ryan	
	2011 Hoover Lane	
	Alexandria, VA 22308	
		14 SE
	***	
		SSEE LE
		75 P
(Use attachment if necessary)		ATE ADA

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_. (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.)

Kathy M. Ryan

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)

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