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-		COVER LET	TER -			
TO: F	, Registration Section Division of Corporations	*			,	
SUBJECT	r: RYAN GEORG	GE LLC				
	1	Name of Limited Liab	ility Company		_	
The enclos	sed Articles of Organization	and fee(s) are submitte	ed for filing.			
Please retu	arn all correspondence conce	rning this matter to the	: following:			
	RYAN TIMO				<u>.</u>	
		Name o	f Person			
		Firm/C	ompany		_	_
	3940 N.W. 6	4th avenue	Virginia (sardens	,,FL.	33/66
						gradia Gradian
	751180	City/State a	nd Zip Code		3	<u></u>
		l address: (to be used		ort notification)	<u> </u>	
For further	information concerning this	matter, please call:				
RYA	Name of Person	at (786 Area Code	362 · 404 Daytime Telepl		- -	9: 58 58
Enclosed i \$125.00 F	s a check for the following ar iling Fee \$130.00 Filing Certificate of	ng Fee & \$155. Of Status Certi	00 Filing Fee & fied Copy nal copy is enclosed)			s &
	Mailing Address Registration Section Division of Corporati	ons	Street/Courier Add Registration Section	<u>iress</u>		,

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
RYAN GEORGE 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 Com	pany is:
Principal Office Address: Mailing Address:	
3940 N.W. 64th Ave. Virginia Gardens, FL. 33166 Virginia Gardens, F	LUR -L. 33/66
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)	nate an individual or
The name and the Florida street address of the registered agent are:	
RYAN TIMOTHY GEORGE	
Name	Ç.
3940 N.W. 64thave.	****
Florida street address (P.O. Box NOT acceptable)	O,
Virginia Gardens FL 33166	(2) (2)
City Zip	· ·
Having been named as registered agent and to accept service of process for the above stated the place designated in this certificate, I hereby accept the appointment as registered age capacity. I further agree to comply with the provisions of all statutes relating to the proper of my duties, and I am familiar with and accept the obligations of my position as registere Chapter 605, F.S Registered Agent's Signature (REQUIRED)	nt and agree to act in this and complete performance
(CONTINUED)	

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
AMBR	RYAN TIMOTHY GEORGE
	3940 N.W. 64 Are Virginia Gardens, FL. 37/66
	Orginal Country, FC. 33122
	· · · · · · · · · · · · · · · · · · ·
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Haratta tura d'Orașa a N	
EV: Effective date, if other than to	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
ctive date is listed, the date mus f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of	the date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90 f a member or an authorized representative of a member.
EV: Effective date, if other than to ctive date is listed, the date must filing.) EVI: Other provisions, if any. Signature of (In accordance with seconstitutes an affirm I am aware that any constitutes a third de	f a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)
EV: Effective date, if other than to ctive date is listed, the date must filling.) EVI: Other provisions, if any. Signature of (In accordance with seconstitutes an affirm I am aware that any constitutes a third de	the date of filing: