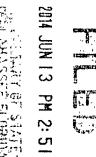
(Re	questor's Name))
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	,
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JUN 1 6 2014

J. BRUCE

COVER LETTER

TO: Registration Division of	ı Section Corporations				
SUBJECT: RICK I	DANGER. LLC Name of Limite	d Liability Company	 		
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.			
Please return all corre	espondence concerning this matte	er to the following:			
Sylveste		Name of Person			
<u>'B' At Ea</u>	se Services	Firm/Company			
_6829 Fil	lyaw Road, Suite 103	Address			
<u>Favettev</u>	rille, NC 28303 City/	State and Zip Code			
batease@ralei	gh.twcbc.com		Jey	2	
	E-mail address: (to be used for		tion)	=	GRAW.
For further information	on concerning this matter, please	call:	الله الله الله الله الله الله الله الله	JUN 13	VZ-ZB
Sylvester Loving	at (_910) 864-8085	ර්ගිය ආ ද		
			ephone Number	PM 2:	
Enclosed is a check f	or the following amount:			5	Carrie
☑ \$125.00 Filing Fee	Certificate of Status	3\$155.00 Filing Fee & Certified Copy additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	d)	

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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
RICK DANGER, LLC (Must end with the word	ds "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:
3549 Loquat Ave Miami, Fl 33133	Same
(The Limited Liability Company cannot serve another business entity with an active Florida	
The name and the Florida street address of the	e registered agent are:
Rick Danger	Name
	Name
3549 Loquat Ave	
Florida street addres	s (P.O. Box NOT acceptable)
	FL 33133
City	Zip Bij S
the place designated in this certificate, I he capacity. I further agree to comply with the of my duties, and I am familiar with and ac	to accept service of process for the above stated limited liability companyal ereby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Chapter 605, F.S. ent's Signature (REQUIRED)
((CONTINUED)

Page 1 of 2

Title:		Name and Address:		
"AMBR" = Authoriz "MGR" = Manager	ed Member			
AMBR/MGR		Rick Danger		
		3549 Loquat Ave		
		Miami, FL 33133		
	_			
<u> </u>	 -			
				
·	_			
(Use attachment if ne	cessary)			
of filing.)	ne date must be specific	ling: (OPTIONAl or and cannot be more than five business days prior	r to or 90 da	ys 2
of filing.) .E VI: Other provision	ne date must be specific as, if any.	c and cannot be more than five business days prior	r to or 90 da	ys 8
of filing.) E VI: Other provision	ne date must be specific as, if any.	c and cannot be more than live business days prior	r to or 90 da	ys 8
of filing.) .E VI: Other provision	as, if any.	c and cannot be more than live business days prior	r to or 90 da	ys :
of filing.) E VI: Other provision REQUIRED SIGNA	ATURE:	and cannot be more than live business days prior	r to or 90 da	ys 8
E VI: Other provision REQUIRED SIGNA (In accorda	ATURE: Signature of a member ance with section 605.02	er and cannot be more than live business days prior	cument	ys s
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