LIS000109147

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Rick Conley LLC	
Sebut		Limited Liability Company
The enc	losed Articles of Organization and fee(s)	are submitted for filing.
Please re	eturn all correspondence concerning this	matter to the following:
	Ricky A. Conley	
		Name of Person
	Rick Conley LLC	
		Firm/Company
	3530 Apalachee Pkwy Unit 123	
		Address
	Tallahassee, FL 32311	
	RConley9740@gmail.com	City/State and Zip Code
	E-mail address: (to be us	ed for future annual report notification)
For furthe	r information concerning this matter, plea	ase call:
	Rick Conley	850 879-7147
		Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:	
]\$12 5.00	Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rick Conley LLC	— <u>—</u>	· · · · · · · · · · · · · · · · · · ·		
(Must end	l with the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited	Liability Company is:	
Princi	pal Office Address:		Mailing Address:	
3530 Apalachee Pky		3530	Apalachee Pkwy Unit 123	
Tallahassee, FL 323	11	Talla	hassee, FL 32311	
another business entity with an	active Florida registration	on.) d agent are:	You must designate an individu	al or
another business entity with an The name and the Florida street	active Florida registration address of the registered Rick Conley	on.) d agent are: Name	You must designate an individu	al or
another business entity with an	active Florida registration address of the registered	on.) d agent are: Name y Unit 123		al or
another business entity with an	active Florida registration address of the registered Rick Conlev 3530 Apalachee Pkw	on.) d agent are: Name y Unit 123		al or
another business entity with an	active Florida registration address of the registered Rick Conlev 3530 Apalachee Pkw Florida street addres	on.) d agent are: Name Vy Unit 123 s (P.O. Box NOT ac	eceptable)	al or

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Mem	Name and Address:
"MGR" = Manager	ioi
Owner	Rick Conley
OWNER	3530 Apalachee Pkwy Unit 123
	Tallahassee, FL 32311
	Tananassee, FL 32311
	AND AND THE CONTRACTOR OF THE
	an the date of filing: (OPTIONAL)
CLE V: Effective date, if other the effective date is listed, the date is e of filing.)	nust be specific and cannot be more than five business days prior to or 90 days a does not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other the effective date is listed, the date is e of filing.) If the date inserted in this block	nust be specific and cannot be more than five business days prior to or 90 days a does not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other the effective date is listed, the date is e of filing.) If the date inserted in this block cument's effective date on the D	nust be specific and cannot be more than five business days prior to or 90 days a does not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other the effective date is listed, the date is e of filing.) If the date inserted in this block cument's effective date on the D CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This documer I am aware the	nust be specific and cannot be more than five business days prior to or 90 days a does not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other the ffective date is listed, the date is e of filing.) If the date inserted in this block cument's effective date on the D CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This documer I am aware the	does not meet the applicable statutory filing requirements, this date will not be list epartment of State's records. re of a member of an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State aird degree felony as provided for in s.817.155, F.S.

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)

ARTICLE IV-