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(Requestor's Name)
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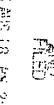
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# **COVER LETTER**

Division of Corporations
SUBJECT: Ryans Book Keeping Service, LLC.  Name of Limited Limbility Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ryan Hazelbarth
Name of Person
Firm/Company
1245 Breckenridge lun Address
Tallahossee, FL 3231 City/State and Zip Code Lindse Y hale grain. Com E-mail address: (to boused for future annual report notification)
For further information concerning this matter, please call:
Ryan Hazabath at (850) (88-0410)  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certificate Of
Mailing Address Street Address

## 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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

15 AUG 18 PH 3: 02

Ryan's Book Keeping Service LLC SECRETATION OF STATE
(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 Company is:

Principal Office Address:	<u>Mailing Address</u> :
1245 Brecken ridge Run	(same)
TOUL FL 3231	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ryan Hazelbarth

Name

12 45 Breckenridge Run

Florida street address (P.O. Box Nov acceptable)

Tall

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	"MGR" Ryon Hazelbarth
	Tail III 32311
	*
•	
**************************************	
•	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must the of filing.)  If the date inserted in this block does cument's effective date on the Depart	e date of filing; (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must the of filing.)  If the date inserted in this block does cument's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	the specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is & I am aware that any	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed

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)