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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

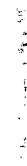
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COVER LETTER

10:	Division of Corporations		
CUD IE	CHRISTINE RICCARDI, LLC		
SUBJEC	CT:Name of	Limited Liabilit	ty Company
The encl	losed Articles of Organization and fee(s)	are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the fo	ollowing:
	CHRISTINE A MURPHY		
		Name of	Person
	CHRISTINE RICCARDI, LLC		
		Firm/Co	mpany
	591 BANKS RD.		
		Addre	ess
	MARGATE, FL 33063		
	CRICC10@YAHOO.COM	City/State and	d Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For furthe	er information concerning this matter, ple	ease call:	
	CHRISTINE A MURPHY	516	818-6686
	Name of Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for the following amount:		
	D Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertific	\$160.00 Filing Fee, ed Copy al 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

<u>CH</u>	RISTINE RICCARDI, LLC. (Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II -		
The mailing ad	dress and street address of the principal office of the l	Limited Liability Company is:
	Principal Office Address:	Mailing Address:
<u>591</u>	BANKS RD	
<u>M</u> A	ARGATE, FL 33063	
_		

CHRISTINE A MURPHY
Name

591 BANKS RD
Florida street address (P.O. Box NOT acceptable)

MARGATE FL 33063
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>`itle:</u>	Name and Address:	
	orized Member	
MGR" = Manag	CUDICTING A MUDDIN	
<u>//GR</u>	CHRISTINE A MURPHY 591 BANKS RD	
	MARGATE, FL 33063	
	MARGATE, FL 33003	
		··
V: Effective detive date is list	ate, if other than the date of filing: (OPTIONAL) ed, the date must be specific and cannot be more than five business days prior to	or 90 c
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V: Effective dive date is list filing.) ne date inserted ent's effective. VI: Other prov	constitutes a third degree felony as provided for in s.817.155, F.S. (OPTIONAL) (In this block does not meet the applicable statutory filing requirements, this date we date on the Department of a member or an authorized representative of a member. (This document is executed in accordance with section 605.0203 (1) (b), Florida State of the Department of constitutes a third degree felony as provided for in s.817.155, F.S. (CHRISTINE A MURPHY)	ill not