## L16000025292

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	<del>;</del> #)
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## **COVER LETTER**

TO:	Registration Section Division of Corporations
CUD IE	RITTZ LLC
SUBJE	Name of 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:
	ERIC RITTENHOUSE
	Name of Person
	RITTZ LLC
	Firm/Company
	2810 BRIGATA WAY
	Address
	OCOEE FL 34761
	City/State and Zip Code WESTMICHIGANAUTOLOANS@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	ERIC RITTENHOUSE 616 889-0322 at (
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab:	ility Company is:			
RITTZ LLC (Must en	d with the words "Limite	d Liability Compa	nv. "L.L.C" or "LLC.")	
·			,, <del></del> ,,	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limite	d Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
2810 BRIGATA V		28	10 BRIGATA WAY	
OCOEE FL 34761		00	COEE FL 34761	
another business entity with at The name and the Florida stree	n active Florida registrati	on.) d agent are:	. You must designate an individual	
	2010 DDICATA W	A 3.7		
	2810 BRIGATA W. Florida street addre		acceptable)	
	OCOEE	FL	34761	
	City	State	Zip	
place designated in this certifica further agree to comply with the	te, I hereby accept the app provisions of all statutes to obligations of my position	pointment as registe relating to the prop as registered agen	the above stated limited liability compred agent and agree to act in this caser and complete performance of my tas provided for in Chapter 605, F., ature (REQUIRED)	apacity. I duties, and I
		(CONTINUED	)	C

Page 1 of 2

DIA CO. CAL

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	***
	With PPT - 10 to resident State Personal line in the land
ective date is listed, the date must be specifi	filing: 01-15-2016 (OPTIONAL) ic and cannot be more than five business days prior to or
EV: Effective date, if other than the date of fi fective date is listed, the date must be specifi- of filing.)	ic and cannot be more than five business days prior to or the applicable statutory filing requirements, this date will a
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