

L160000196794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2016 OCT 25 PM 3:39
SECRETARY OF STATE
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rebecca Ryan Studio LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Boje

Name of Person

Rebecca Ryan Studio

Firm/Company

Suite 370 824 - A Lake Ave

Address

Lake Worth, Florida 33460

City/State and Zip Code

beckyboje@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean-Jacques Joseph

561

342-5449

at (_____) _____

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



\$155.00 Filing Fee &
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rebecca Ryan Studio LLC.

(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:

717 North M Street
Lake Worth, Florida
33460

Mailing Address:

Suite 370 824 - A Lake Ave
Lake Worth, Florida
33460

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.)

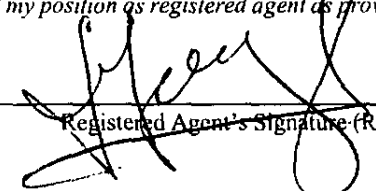
The name and the Florida street address of the registered agent are:

Jean-Jacques Joseph
Name

717 North M Street
Florida street address (P.O. Box **NOT** acceptable)

<u>Lake Worth</u>	<u>FL</u>	<u>33460</u>
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)

2016 OCT 25 PM 3:35
ALLA PASSETE FORTER

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Kelly Boje

Suite 370 824 - A Lake Ave

Lake Worth, FL 33460

AMBR

Kelly Boje

Suite 370 824 A Lake Ave
Lake Worth, FL 33460

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kelly Boje

Typed or printed name of signee

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)

2016 OCT 25 PM 3:33
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/25/16 BY 60322

New Filing Section
Division Of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6052

Attn: Florida Department of State

RE: Rebecca Ryan Studio LLC.

Manager: Kelly Boje

Registered Agent: Jean-Jacques Joseph

Business Address:
Suite 370 824 -A Lake Avenue
Lake Worth, FL
33460

Please contact: Jean-Jacques Joseph at 561-324-5449 with any questions regarding these articles of organization.

Enclosed is a money order as a bank account could not be opened until these papers have been filed with your office.

Sincerely,



Jean-Jacques Joseph