## L16000105887

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

N. SAMS NOV 1 0 2016



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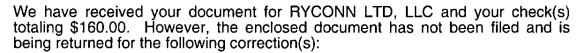


## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2016

JAMES AUCLAIR 214 WINDSONG CT NICEVILLE, FL 32578

SUBJECT: RYCONN LTD, LLC Ref. Number: W16000070807



The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

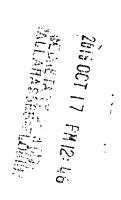
The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 816A00022330



## **COVER LETTER**

15/5

TO:	Registration Section Division of Corporations	
SUBJEC	Ryconn Ltd, LLC	
SCOUL	Name of Limited Liability Company	
The encl	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	urn all correspondence concerning this matter to the following:	
	James Auclair	
	Name of Person	
	Ryconn Ltd	
	Firm/Company	
	214 Windsong CT	
•	Address	
	Niceville	
	City/State and Zip Code Florida 32578	
	E-mail address: (to be used for future annual report notification)	
For furthe	information concerning this matter, please call:	
	James Auclair 850 8556338	
	Name of Person Area Code Daytime Telephone Number	
Enclose	is a check for the following amount:	
\$125.00	Filing Fee \$\int_{\text{Certificate of Status}}\frac{\text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}}\frac{\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}\frac{\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}}	d)
	Mailing Address Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	Jen	
The name of the Limited Liability Company is:	W,	LLC
(Must end with the words "Limite		
ARTICLE II - Address: The mailing address and street address of the principal	office of the	Limited Liability Company is:
Principal Office Address:	•	Mailing Address:
214 Wind song Ct		
214 Wind song Ct Niceville, EL 32578		CARC
		Clain  Ct  NOT acceptable)
Nice VIIIs	e, FL32	25 7 <b>%</b> Zip
Having been named as registered agent and to accept serv	vice of proces	s for the above stated limited liability company at the
place designated in this certificate, I hereby accept the app further agree to comply with the provisions of all statutes i am familiar with and accept the obligations of my position	relating to the	proper and complete performance of my duties, and
	DOL.	200
Regis		s Signature (REQUIRED)
$\bigvee$	(CONTIN	(UED)
·	Page 1	of2

Title:	Name and Address:
"AMBR" = Authorize	d Member
"MGR" = Manager	arrey Auchan
MGR	214 Wind Song Ct
	Wileville, 124 31578
AMBR	Valerie Water - Auclani
AMBR	2:4 Wind some C+
	2:4 Wind song C+  NYCONIE, FL 32578
effective date is listed, thate of filing.)	Fother than the date of filing: (OPTIONAL) ne date must be specific and cannot be more than five business days prior to or 90
ICLE V: Effective date, in effective date is listed, thate of filing.)  If the date inserted in the content is the content in	Fother than the date of filing: (OPTIONAL)
ICLE V: Effective date, in effective date is listed, thate of filing.)  If the date inserted in the content is the content in	Tother than the date of filing:
ICLE V: Effective date, in effective date is listed, thate of filing.)  If the date inserted in the ocument's effective date.	Fother than the date of filing:
CLE V: Effective date, in effective date is listed, thate of filing.)  If the date inserted in the ocument's effective date of the council of	Fother than the date of filing:
CLE V: Effective date, in effective date is listed, thate of filing.)  If the date inserted in the ocument's effective date of CLE VI: Other provision  REOUIRED SIGNA	TURE:  Signature of a member or an authorized representative of a member.
CLE V: Effective date, in effective date is listed, thate of filing.)  If the date inserted in the ocument's effective date of CLE VI: Other provision  REOUIRED SIGNATHIS	TURE:  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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as

ARTICLE IV-

Page 2 of 2

S 5.00 Certificate of Status (Optional)