

L17000005021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

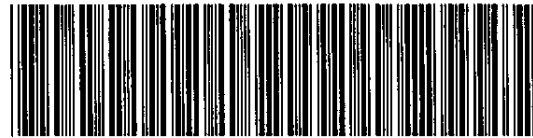
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500293675835

01/05/17--01006--030 **125.00

FILED
17 JAN -5 PM 12:27
SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

W17-1829

D O'KEEFE

JAN 10 2017

D O'KEEFE

JAN 10 2017

Transmittal Letter

To: Registration Section
Division of Corporations

SUBJECT: Tony Ryan Unlimited, LLC

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

Please return all correspondence concerning this matter to the following:

Ron Mulchi, Attorney at Law
1101 North Lake Destiny Rd, Suite 350
Maitland, FL 32751

For further information concerning this matter, please call:

Ron Mulchi

321 263 0800

Enclosed is a check for \$125.00

MAILING ADDRESS:
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
850 245 6051

FILED
17 JAN -5 PM 12:28
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE 1 – Name

The name of the Limited Liability Company is:

Tony Ryan Unlimited, LLC

ARTICLE 2 – Address

The mailing address and street address of the principal office of the Limited Liability Company are:

Principal Office Address

Mailing Address

610B W Sunset Blvd
Fort Walton Beach, FL 32547

PO Box 754
Mary Esther, FL 32569

ARTICLE 3 – Registered Agent, Registered Office, & Registered Agent's Signature

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

Ron Mulchi, Attorney at Law
1101 North Lake Destiny Rd, Suite 350
Maitland, FL 32751

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, Florida Statutes.



FILED
17 JAN -5 PM 12: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 4 – Managing Members

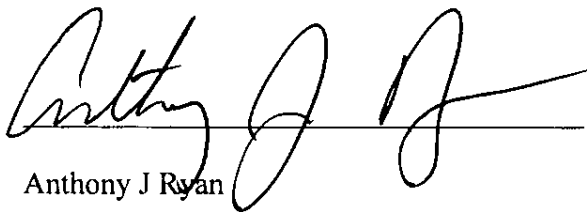
The name and address of the Managing Member is as follows:

Title	Name and Address
Manager	Anthony J Ryan PO Box 754 Mary Esther, FL 32569

ARTICLE 5 – Effective date

The effective date shall be January 1, 2017

In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.


Anthony J Ryan

FILED
17 JAN -5 PM 12:28
DEPT. OF STATE
TALLAHASSEE, FLORIDA