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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Rannan Mane 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:
Riannan Peterson Name of Person
Riannan Mane LLC Firm/Company
_ 5611 Spectra Circle #304
Fort Myers FL 33908  City/State and Zip Code  riannan marie a homail com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brannan Reterson at (206) 498-9807  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    S125.00 Filing Fee   S130.00 Filing Fee & Certificate of Status   S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section  Street Address New Filing Section

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:			
Riannan	Marie	LLC	

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## **ARTICLE II - Address:**

ARTICLE I - Name:

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

Principal Office Address:

5611 Spectra Circle #304 5611 Spectra Circle #	<u>cle</u> #304
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 another business entity with an active Florida registration.)	or
The name and the Florida street address of the registered agent are:  Riannan Ri-ersun  Name	18 HAR 2 SECRETA TALLAHA
5611 Spectra Crale #309 Florida street address (P.O. Box NOT acceptable)	RY OF S
Fut Myers FL 33908	ORIE ORIE

Mailing Address:

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.,

(CONTINUED)

"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Riannan Peterson 5011 Spectre Circle + 304 Eart Myers, Ec 33608
(Use attachment if necessary)	<del></del>
the date of filing.)	t be specific and cannot be more than five business days prior to or 90 days after as not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
·	Nama Calari
REOUIRED SIGNATURE:  Signature of This document is I am aware that as	Annan Peterson  Typed or printed name of signee  Filling Fees:

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

ARTICLE IV-