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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE_	4/4/2018	_					* *WA	LK <i>I</i> N**
ENTITY	NAME	RYAN STANLEY	CONSTR	RUCTION	CONSULTI	NG, LLC		
DOCUM	ENT NUMBER							
		PLEASE FILE	THE ATTA	CHED AND	RETURN			
XXXXX	<u> </u>	Plain Copy Certified Copy Certificate of Statu	<i>3</i>					
		*PLEASE OBTAIN THE	FOLLOWIN	IG FOR TH	IE ABOVE ENT	T/TY**		
		Certified Copy of A. Certificate of Good		dments				
		**APOSTILLE'/	/ NOTARH	AL CERTI	YFICATION*	*		
	RY OF DESTINA R OF CERTIFICA	ATION ATES REQUESTED					18 APR -1	
TOTAL	OWED\$12	5.00		СНЕСК	#4690		- P	m
Please	call Tina at	the above number fo	or any isse	ues or co	ncerns. Th	ank you s	eo much!	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•			
ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Ryan Stanley Construction Consulting,	LLC		
(Must contain the words "Lim	ited Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal address.	nal office of the Lim	nited Liability Company is:	
The mailing address and street address of the princip	Jai Office of the Ein	into Discourty Company to:	
Principal Office Address:		Mailing Ad	<u>ldress</u> :
		101221 ' . C' N	
10133 Lexington Cir. N.		10133 Lexington Cir. N.	*
Boynton Beach, FL 33436	 -	Boynton Beach, FL 33436	
		<u> </u>	
ARTICLE III - Registered Agent, Registered Off	lice, & Registered	Agent's Signature:	
(The Limited Liability Company cannot serve as its	own Registered Age		individual or
another business entity with an active Florida regist	ration.)		
The name and the Florida street address of the racio	torad agant are:		
The name and the Florida street address of the regis	tered agent are;		
Ryan Aaron Sta	nley		
	Name		
10133 Lexington	n Cir N		
	dress (P.O. Box NO	T accentable)	
		avecplaole)	
Boynton Beach	FL	33436	
City	State	Zip	
Having been named as registered agent and to accept	service of process to	r the above stated limited lin	A :
place designated in this certificate, I hereby accept the	appointment as regi	stered agent and agree to ac	ошту company at tne t in this canacity -1
further agree to comply with the provisions of all statu	tes relating to the pro	per and complete performati	nce of my duties, and i
am familiar with and accept the obligations of my post	tion as registered ag	ent as provided for in Chapte	er 605, F.S
	// -		
Man			
	egistered Agent's Si	gnature (REQUIRED) .	
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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

<u> Citle:</u>	Name and Address:
AMBR ⁿ = Authorized Member	
MGR" = Manager	D 4 0. 1
AMBR	Ryan Aaron Stanley
	10133 Lexington Cir. N.
	Boynton Beach, FL 33436
	
EV: Effective date, if other than the ective date is listed, the date must b	
EV: Effective date, if other than the ective date is listed, the date must be of filing.) the date inserted in this block does a ment's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 conot meet the applicable statutory filing requirements, this date will not be
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