

L200000008526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

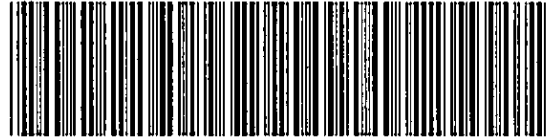
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/17/19--01031--008 **125.00

19 NOV 12 PM 3:14
STATE OF TEXAS
FALL ARREST (009)

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Ryani Capital, 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:

Julie Ropalo

Name of Person

Firm/Company

8016 Royal Hart Dr

Address

New Port Richey, FL 34653

City/State and Zip Code

yanis.homevestors@gmail.com

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

For further information concerning this matter, please call:

Yanis Ropalo

386

569-8484

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:

Ryani Capital, LLC

(Must contain 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:

8016 Royal Hart Dr
New Port Richey, FL 34653

Mailing Address:

8016 Royal Hart Dr.
New Port Richey, FL 34653

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:

Yanis Ropalo

Name

8016 Royal Hart Dr

Florida street address (P.O. Box **NOT** acceptable)

New Port Richey FL 34653

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)

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:

Julie Ropalo

8016 Royal Hart Dr

New Port Richey, FL 34653

(Use attachment if necessary)

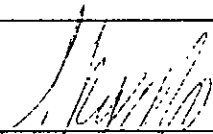
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Julie Ropalo

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)

10:08

Inquire By Deposit Number

01/14/20

DEP Page 0008/0010

Deposit Number	: 11/12/19 01021 008	Deposit Amount	: 125.00
Account Number	:	Deposit Balance	: 0.00
Refund Request Date	:	Debit Memo Date	:
Refund Mail Date	:	Void Date	:
Refund Amount	: 0.00	User ID	: AMCARRANZA
Requester	:		

		DOC Page 0001/0001
Tracking Number	: 400336774404	Document Number: 400336774404
Ledger Date	: 11/12/19	Sub Account Number:
Document Requester	:	

<u>Category</u>	<u>Description</u>	<u>Amount</u>
CF	ALL CORP FILING FEES	125.00

Amount: \$125.00 Sequence Number: 9592353978
Account: 1641001973 Capture Date: 11/14/2019
Bank Number: 11400001 Check Number: 1559910681

Bank of America

Cashier's Check

No 1559910681

Bank of America - Office of the Treasurer
Bank's return statement and 90-day waiting period will be required
prior to replacement. This check should be registered with 10 days.

VOID AFTER 90 DAYS

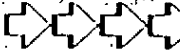
NO-PRINT

Date 11/14/19 02:34 PM

TRINITY AT MITCHELL RANCH

0006 0001792 0138

Pay



BANK OF AMERICA

\$125.00

One Hundred Twenty Five and 00/100 Dollars

To The FLORIDA DEPARTMENT OF STATE
Order Of

Remitter (Purchased By): JULIE VLADIMIROVNA ROPALO

Bank of America, N.A.
SAN ANTONIO, TX

Julie Vladimirovna Ropalo
AUTHORIZED SIGNATURE

⑈ 1559910681 ⑈ ⑆ 114000019⑆ 001641001973 ⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

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www.bankofamerica.com

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5087612095 2019-11-14

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ENDORSE CHECK HERE
06/11/2019 11:20:00

Electronic Endorsements:

Date	Sequence	Bank #	Endrs Type	TRN	RRC	Bank Name
11/14/2019	005592353978	111012822	Pay Bank	N		BANK OF AMERICA NA
11/14/2019	000025087612095	91000019	Rtn Loc/BOFD	Y		WELLS FARGO BK NA