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COVER LETTER

	w Filing Sect vision of Cor				
SUBJECT:		Ripple F1	ash LLC		
0012011		Name of Lim	ited Liability Company		
The enclose	d Articles of	Organization and fee(s) are	submitted for filing.		
Please retur	n all correspo	ndence concerning this ma	tter to the following:		
	Dr	novan	iataeo Chan	Noig	
			Name of Person		
		9/80:18	Flash		
			Firm/Company	—————————————————————————————————————	207
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	7	C	ity/State and Zip Code		84 :6
_			for future annual report notificat		<u> </u>
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For further in	formation cor	icerning this matter, please	call:		
,	nana	a Champion (12-88-172-88	123	
-			rea Code Daytime Telephon	e Number	
Enclosed is	a check for th	ne following amount:			
2 \$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Certificate of Sta Certified Copy (additional copy is	atus &
	<u>Mailin</u>	g Address	Street Address		

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Ripple	Flash LLC
(Must contain the words "Limit	ted 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:	Mailing Address:
27010 Edenrock Ct	27010 Edennack Ct
Benita Springs, FL 34135	Bonita Springs, FL 34135

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.)

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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Donovan Champian 27010 Edensick Court Bonton Springs, Florida 34135
	
	APR 2
(Use attachment if necessary)	9. D
ate of filing.)	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
REQUIRED SIGNATURE:	
Elle	ala mayor -
This document is e	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, y 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.

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)