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### **COVER LETTER**

TO:

Registration Section Division of Corporations

RianhardLLC SUBJECT: \_ 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: Lockwood Rianhard Name of Person Individual Firm Company 723-B Timber Ridge Trail SW Address Vero Beach, FL 32962 City State and Zip Code LRianhard@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lockwood Rianhard Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **☎** \$160,00 Filing Fee. □\$155.00 Filing Fee & □\$125.00 Filing Fcc □\$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address Mailing Address Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

Riar	nhardLLC
(Must end with the words "Limit	ed Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
723-B Timber Ridge Trail SW	723-B Timber Ridge Trail SW
Vero Beach, FL, FL 32962	Vero Beach, FL 32962
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address (Lock	Name 27
	mber Ridge Trail SW
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Vero Be	each, FL, FL 32962
City.	State, and 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 608, F.S.

Foolswood Rianhand
Registered Agent's Signature (REQUIRED)

(CONTINUED)

### Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Mary W. Rianhard, MGRM	723-B Timber Ridge Trail SW  Vero Beach, FL 32962
Mary W. Ranhaid	
(Use attachment if necessary)	ate of filing: (OPTIONAL
effective date is listed, the date must be s 0 days after the date of filing.)	specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Factor	or an authorized representative of a member.
Signature of a member	or an authorized representative of a member.
(In accordance with secti	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury
(In accordance with section of this document constituent that the facts stated herei	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury
(In accordance with section of this document constituent that the facts stated herei	on 608.408(3), Florida Statutes, the execution attes an affirmation under the penalties of perjury in are true.)