L220000 22831

(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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ALLAHASSEE, FLO

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	Walk-In	Will Pick Up		

COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJE		CHEL, LLC			
3000		Name	of Limited Liab	ility Company	
The end	closed Articles of	Organization and fee	e(s) are submitte	ed for filing.	
Please	return all corresp	ondence concerning t	his matter to the	following:	
	Jay E. Auerl	oach, Esq.			
			Name	of Person	
	KHANI & /	AUERBACH			
		<u>. </u>	Firm/C	Сотрапу	
	2338 Hollyv	vood Blvd.			_
			Ad	dress	
	Hollywood,	FL 33020			
			City/State	and Zip Code	
	jay@hollywo				<u> </u>
		E-mail address: (to be	used for future	e annual report notificat	10n)
For furth	er information co	ncerning this matter,	plcase call:		
	Jay E. Auerb		954 at (921-1517	
	Nan	ne of Person	Area Code		ne Number
Enclose	ed is a check for t	he following amount:			
□\$125	i.00 Filing Fee	□\$130.00 Filing I Certificate of State	us Certi	55.00 Filing Fee & fied Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailte	aa Addwaes		Street Address	

Mailing Address

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

Street Address
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

RYANRACHEL, LLC			
(Must contain	the words "Limited L	Liability Company	, "L.L.C.," or "LLC.")
CLE II - Address:			
ailing address and street addr	ress of the principal of	ffice of the Limited	d Liability Company is:
Principal (Office Address:		Mailing Address:
5910 SW 37th Terrace		591	0 SW 37th Terrace
		<u></u> -	<u> </u>
	, Registered Office, &	Ft. Ft. Registered Agent.	Lauderdale, FL 33312
CLE III - Registered Agent	, Registered Office, & nnot serve as its own ive Florida registration	& Registered Agent.	Lauderdale, FL 33312 ent's Signature:
CLE III - Registered Agent imited Liability Company car business entity with an actione and the Florida street add	, Registered Office, & nnot serve as its own ive Florida registration dress of the registered	& Registered Age Registered Agent. n.) agent are:	Lauderdale, FL 33312 ent's Signature:
CLE III - Registered Agent imited Liability Company car business entity with an actione and the Florida street add	, Registered Office, & nnot serve as its own ive Florida registration	& Registered Age Registered Agent. n.) agent are:	Lauderdale, FL 33312 ent's Signature:
CLE III - Registered Agent imited Liability Company car business entity with an actione and the Florida street add	, Registered Office, & nnot serve as its own ive Florida registration dress of the registered	Registered Agent. n.) agent are: CH Name	Lauderdale, FL 33312 ent's Signature:
CLE III - Registered Agent imited Liability Company car business entity with an actime and the Florida street add	, Registered Office, & nnot serve as its own live Florida registration dress of the registered KHANI & AUERBAC	& Registered Agent. Registered Agent. agent are: CH Name	Lauderdale, FL 33312 nt's Signature: You must designate an individual o
CLE III - Registered Agent imited Liability Company car business entity with an actime and the Florida street add	, Registered Office, & nnot serve as its own live Florida registration dress of the registered KHANI & AUERBAC	& Registered Agent. Registered Agent. agent are: CH Name	Lauderdale, FL 33312 nt's Signature: You must designate an individual o

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)



Title:	Name and Address:
"AMBR" - Authorized Member	
"MOR" = Manager	
<u>MGR</u>	Robert Mittleman
	5910 SW 37th Terraco
	Pt. Lauderdale, FL 33312
	. ,
(Use attachment if necessary)	ne date of filing:(OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must to of filing.) If the date inserted in this block does	s not most the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the effective date is listed, the date must to of filing.) If the date inserted in this block document's effective date on the Depar	be specific and cannot be more than five business days prior to or 90 days as a not meet the applicable statutory filing requirements, this date will not be liste
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CLE V: Effective date, if other than the effective date is listed, the date must to of filling.) If the date inserted in this block does current's effective date on the Depar CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an	s not most the applicable statutory filing requirements, this date will not be listed timent of State's records. If a mamber 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 degree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-