000/04435

(Reques	tor's Name)	
(Address	s)	
(Addres:	s)	
(City/Sta	ite/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine:	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	
W22000	2146	22

Office Use Only



500380071215

01/25/22--010:5--027 **:60.00



Λ.
TO: New Filing Section Division of Corporations
COVER LETTER ___\
TO: New Filing Section Division of Corporations
SUBJECT: RDR Enterprises LLL Ryan Carpentry and Name of Limited Liability Company Management LL
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ronald D. Ryan Name of Person
Name of Person
Firm/Company
1280 SW 3rd Terrace
Address
Pompano Beach, Florida 33060
Pompano Beach, Florida 33060 City/State and Zip Code Rdryan 954 E Gmail, Com
Rdryan 954 @ Gmail, Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ronald D. Ryan at (954) 249 1036 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

ARTICLE I - Name:		ما کلو		
The name of the Limited Liabil	ity Company is:	Ma de		
RDR E	nTerphises tain the words "Limited Lis	ability Comp	Ryan Carpentry and	1 Management
ARTICLE II - Address: The mailing address and street a	nddress of the principal offi	ice of the Lin	ited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
1280 SW 3 Pompano Be	3d Terrace ach, FL 33060	<u> </u>	P.O. Box 480390 Fort Lauderdale, FL	33348
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a	cannot serve as its own Reactive Florida registration.) address of the registered as	egistered Age) gent are:	agent's Signature: nt. You must designate an individua	ıl or
	Ronald D. R	vame		
	1280 S.W. 3rd	Termo	0	
	Florida street address (F			
	Pompano Beac	h FL	33060	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pr	I hereby accept the appoint ovisions of all statutes relat	tment as regis ting to the pro	the above stated limited liability con tered agent and agree to act in this o per and complete performance of my nt as provided for in Chapter 605, F	capacity. I
	Konalol	D. R.	YCW (REOUIRED)	
	Registeret	a vienne o ois	parme (NEQUINED)	

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIO			
Use attachment if necessary) (V: Effective date, if other than the date of filing:		ber	
Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 de filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tent's effective date on the Department of State's records. VI: Other provisions, if any. 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. Ronald D. Ryan Typed or printed name of signce	-	D. A. D. D. A.	od
Use attachment if necessary) 2. V: Effective date, if other than the date of filing:	AMBR		(30 M
Use attachment if necessary) 2. V: Effective date, if other than the date of filing:		NOMORNO RACI CL 22000	
CV: Effective date, if other than the date of filing:		- part - 5000	
CV: Effective date, if other than the date of filing:			
CV: Effective date, if other than the date of filing:			
CV: Effective date, if other than the date of filing:			<u> </u>
CV: Effective date, if other than the date of filing:			
CV: Effective date, if other than the date of filing:			
CV: Effective date, if other than the date of filing:			
CV: Effective date, if other than the date of filing:			
CV: Effective date, if other than the date of filing:			
CV: Effective date, if other than the date of filing:			
CV: Effective date, if other than the date of filing:			
CV: Effective date, if other than the date of filing:			
CV: Effective date, if other than the date of filing:			
CV: Effective date, if other than the date of filing:	(Use attachment if necessary)	
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. Ronald D. Ryan 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)	ment's effective date on the i	Department of State 5 resorts.	
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. Ronald D. Ryan Typed or printed name of signce Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certifical Copy (Optional) \$ 5.00 Certificate of Status (Optional)	E VI. Other provisions if any	,	
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. Ronald D. Ryan Typed or printed name of signce Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certifical Copy (Optional) \$ 5.00 Certificate of Status (Optional)	E VI: Other provisions, if any	·	
This document is executed in accordance with section 605.0203 (1) (6), 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. Ronald D. Ryan Typed or printed name of signce Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certificate Opy (Optional) \$ 5.00 Certificate of Status (Optional)			
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. Ronald D. Ryan 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)	<u>REOUIRED</u> SIGNATURE	Ronald D. Ryan	
Constitutes a third degree felony as provided for in \$.817.133, P.S. Ronald D. Ryan 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)	REQUIRED SIGNATURE	Ronald D. Ryan Remains of a member of a member.	a Statutes.
Ronald D. Ryan 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)	REOUIRED SIGNATURE Signat This docum	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida that any false information submitted in a document to the Department	a Statutes.
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)	REOUIRED SIGNATURE Signat This docum	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida that any false information submitted in a document to the Department	a Statutes.
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)	REOUIRED SIGNATURE Signa This docum	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida that any false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S.	a Statutes.
\$ 5.00 Certificate of Status (Optional)	REOUIRED SIGNATURE Signa This docum	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida that any false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S.	a Statutes.
\$ 5.00 Certificate of Status (Optional)	REOUIRED SIGNATURE Signa This docum	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida that any false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S.	a Statutes. nt of State
\$ 5.00 Certificate of Status (Optional)	REOUIRED SIGNATURE Signat This docum	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida that any false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S. Ronald D. Ryan Typed or printed name of signce	a Statutes. nt of State
\$ 5.00 Certificate of Status (Optional)	REOUIRED SIGNATURE Signal This docum I am aware t constitutes a	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida that any false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S. Ronald D. Ryan Typed or printed name of signee Filing Fees:	a Statutes. nt of State
	Signa This docum I am aware t constitutes a	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida that any false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S. Ronald D. Ryan Typed or printed name of signee Filing Fees: ticles of Organization and Designation of Registered Agent	a Statutes. nt of State
-	Signal This docum I am aware t constitutes a \$125.00 Filing Fee for Ar \$ 30.00 Certified Copy (ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida that any false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S. Ronald D. Ryan Typed or printed name of signce Filing Fees: ticles of Organization and Designation of Registered Agent Optional)	a Statutes.
= = = = = = = = = = = = = = = = = = = =	Signal This docum I am aware t constitutes a \$125.00 Filing Fee for Ar \$ 30.00 Certified Copy (ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida that any false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S. Ronald D. Ryan Typed or printed name of signce Filing Fees: ticles of Organization and Designation of Registered Agent Optional)	a Statutes.