

L22000439769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED

22 OCT 13 PM 7:41

SECRETARY OF STATE  
TALLAHASSEE, FL





\* NEW NAME ADDED  
10/10/2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2022

RONALD FRITZ  
7729 JACARANDA LANE  
NAPLES, FL 34114

SUBJECT: RONSRIDES, LLC  
Ref. Number: W22000115825

2022 OCT 13 PM 4:36

We have received your document for RONSRIDES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000032226.

If you have any further questions concerning your document, please call (850) 245-6052.

ARCEDRA JOHNSON  
Regulatory Specialist II  
New Filing Section

Letter Number: 222A00020316

22 OCT 13 PM 7:42  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ~~RONALD FRITZ~~ PATTI i RONSRIDES, 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:

Ronald Fritz

Name of Person

~~RONALD FRITZ~~ PATTI i RONSRIDES, LLC  
Firm/Company

7729 Jacaranda Lane

Address

Naples, FL 34114

City/State and Zip Code

ronfritzjr@gmail.com

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

For further information concerning this matter, please call:

Ron Fritz at (484) 764.7345  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 OCT 13 PM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~RONSIDES~~ PATTI & RONSIDES, 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:

7729 Jacaranda Lane  
Naples, FL 34114

Mailing Address:

Same

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:

Ron Fritz

Name

7729 Jacaranda Lane

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

Naples

FL

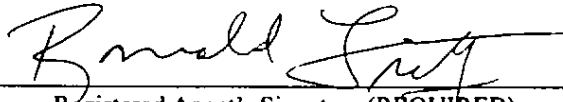
34114

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)

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22 OCT 13 PM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Patti Kelly

7729 Jacaranda Lane

Naples, FL 34114

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8/26/2022. (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:**

*Patti Kelly*

**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.

PATTI KELLY

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)

22 OCT 13 PM 7:42  
SECRETARY OF STATE  
FILING ASSESSMENT

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ronsrides, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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Mailing Address:

7729 Jacaranda Lane

Same

Naples, FL 34114

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Ron Fritz

Name

7729 Jacaranda Lane

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

Naples

FL

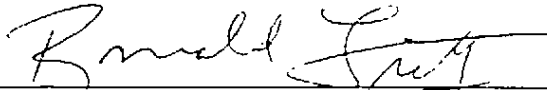
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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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"MGR" = Manager

**Name and Address:**

AMBR

Patti Kelly  
7729 Jacaranda Lane  
Naples, FL 34114

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Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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