L23000405594

	(Requestor's Name)	
	(Address)	
	(Address as)	
	(Address)	
	(City/State/Zip/Phone #)	 _
	(OkyrotaterElph Hone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
1	-	

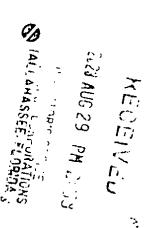
Office Use Only



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S. CHATHAM SEP - 1 2023

2023 TUS 53 PH 1: 18



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

To Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE] 8/29/2023
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PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 1175394

ORDER ENTITY
RYAN APP LLC

PLEASE PERFORM THE FOLLOWING SERVICES:	 	 	 	 	 		-	<u> </u>	 	
RYAN APP LLC (FL)						-			 	

Please file the attached articles and provide a certified copy.

NOTEC:	· · -	 	 		 _	-	-	 	_	
NOTES:	~	 	 	_	 			 		
t 1 EE OO Authorizad										

\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, August 29, 2023 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Ryan App LLC (Must cont	ain the words "Limited Lic	bility Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal offi	ce of the Limited	Liability Company is:	
Princip	al Office Address:		Mailing Address:	
101 Diplomat Pkwy		101	Diplomat Pkwy	
Apt 1409			1409	
Hallandale Beach, Fl.	_ 33009	Halla	andale Beach, FL 33009	
	Anton Zalis	-		5-3 RCC 6-3
		Name		_
	101 Diplomat Pkwy. A			:::
		pt 1409	cceptable) -	13 13 14
	101 Diplomat Pkwy, A	pt 1409	cceptable) –	- 1 - 1 α
	101 Diplomat Pkwy. A Florida street address (pt 1409 P.O. Box <u>NOT</u> ad	•	···
ice designated in this certificate, ther agree to comply with the pr	101 Diplomat Pkwy. A Florida street address (Hallandale Beach City agent and to accept service Thereby accept the appoint ovisions of all statutes rela	P.O. Box NOT ac FL State of process for the atment as registera- ting to the proper	33009 Zip e above stated limited liability come ed agent and agree to act in this co- and complete performance of my	ipany a apacity duties,
ice designated in this certificate, ther agree to comply with the pr	101 Diplomat Pkwy. A Florida street address (Hallandale Beach City agent and to accept service Thereby accept the appoint ovisions of all statutes rela	P.O. Box NOT ac FL State of process for the atment as registera- ting to the proper	33009 Zip e above stated limited liability come ed agent and agree to act in this co	ipany at apacity duties,
ice designated in this certificate, ther agree to comply with the pr	101 Diplomat Pkwy. A Florida street address (Hallandale Beach City agent and to accept service Thereby accept the appoint ovisions of all statutes rela	P.O. Box NOT ac FL State of process for the atment as registera- ting to the proper	33009 Zip Pahove stated limited liability comed agent and agree to act in this contain and complete performance of my as provided for in Chapter 605, F.	ipany a apacity duties,

(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	
AMBR	Anton Zalis 101 Diplomat Pkwy, Apt 1409
	Hallandale Beach, Fl. 33009
	
	-
(Use attachment if necessary)	
If an effective date is listed, the date must be s he date of filing.)	te of filing:
ARTICLE VI: Other provisions, if any.	
DEATHDED CLANATING.	
REQUIRED SIGNATURE:	
	/s/ Anton Zalis
This document is exec I am aware that any fal:	member or an authorized representative of a member, cuted in accordance with section 605,0203 (1) (b), Florida Statutes, like information submitted in a document to the Department of State ree felony as provided for in s.817,155, F.S.
Anton Zalis	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)