# L21000142245

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(Cit	y/State/Zip/Phone	: #)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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#### **COVER LETTER**

TO: New Filing Section
Division of Corporations

ŖĪŗ	GEDING INTERNATIONAL	LLC		
SUBJECT:				
	Name of	Limited Liabilit	y Company	
The enclosed Art	icles of Organization and fee(s	) are submitted (	or filing.	
Please return all o	correspondence concerning this	s matter to the fo	Howing:	
Krist	in Whalen			
		Name of I	Person	
Brid	gehouseLaw LLP			
		Firm/Con	npany	
1123	South Tryon Street, Suite 1100		•	
<del></del>		Addre		<del></del>
Char	lotte, NC 28284			
kristir	whalen@bridgehouse.law	City/State and	Zip Code	
	E-mail address: (to be u	sed for future ar	nual report notificati	on)
For further informa	ation concerning this matter, pl	ease call:	·	
	n Whalen		219-5200	
		(		
	Name of Person	Area Code	Daytime Telephone	
Enclosed is a che	ck for the following amount:			
<b>■</b> \$125.00 Filing	Fee □\$130.00 Filing Fee Certificate of Status	Certifie	.00 Filing Fee & d Copy l 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	nility Company is:		
The name of the Connect State	ompany as		
RINGEDING INTE	ERNATIONAL LLC		
(Must c	ontain the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal o	office of the Limit	ed Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
112 South Tryon S	Street, Suite 1130		2 South Tryon Street, Suite 1130
Charlotte, NC 2828	4	<u>C</u>	harlotte, NC 28284
The name and the Florida stre	eet address of the registered Unisearch, Inc.	l agent are: Name	
	155 Office Plaza Drive		
	Florida street addres	s (P.O. Box <u><b>NO</b>T</u>	acceptable)
	Tallahassee	FL	32301
	City	State	Zip
place designated in this certific further agree to comply with the	ate, I hereby accept the app e provisions of all statutes r	ointment as regist elating to the proj	the above stated limited liability company at the sered agent and agree to act in this capacity. It per and complete performance of my duties, and not as provided for in Chapter 605, F.S
	/s/ Teri Stap	leton, Asst. S	ecretary
	Regist	ered Agent's Sigi	nature (REQUIRED)

(CONTINUED)

MAR -9 AT 9: LAHASSEE, FLO

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## ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
"MGR" = Manager	
$\sim\sim$ 10	
I FAM.	Christoph Ringen
<del></del>	112 South Tryon Street, Suite 1130
	Charlotte, NC 28284
	-
	<del></del>
	ate of filing: (OPFIONALD)
attactive date is before the date must be	enseitie and cannot be more than five business days prior to or 00 days af
	specific and cannot be more than five business day prior topr 90 days af
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te of filing.)  If the date inserted in this block does no cument's effective date on the Departme  CLE VI: Other provisions, if any.	of meet the applicable statutory filing requirements, the date will not be listeent of State's records.

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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)