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(R	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
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(D	ocument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

COVER LETTER

TO:	New Filing Section Division of Corporations	
	ReddCo,LLC	
SUBJ	CT:Name of Limited Liability Company	
The er	losed Articles of Organization and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	Andrew Reddecliff	
	Name of Person	
	ReddCo,LLC	
	Firm/Company	
	1661 Ringling Blvd #3992	
	Address	
	Sarasota, FL 34230	
	City/State and Zip Code	
	reddco@protonmail.com	
	E-mail address: (to be used for future annual report notification)	
For furth	er information concerning this matter, please call:	
	Andrew Reddecliff 513 276-3164	
	Name of Person Area Code Daytime Telephone Number	
Enclos	d is a check for the following amount:	
∂]□\$12	.00 Filing Fee Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ius &
	M. Hinn Addings. Canada Addings.	

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

EILED 2021 HAY 12 PM 3: 25 SECRETARY OF STATE TALLAHASSEE, FL

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The name of the Limited Liability Company is:

ReddCo,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:	Mailing Address:
7901 4th St N STE 300	1661 Ringling Blvd #3992
St. Petersburg FL	Sarasota FL 34230

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:

Northwest Regist	ered Agent L	LC
	Name	
7901 4th St N ST	E 300	
Florida street address	(P.O. Box NOT a	cceptable)
St. Petersburg	FL	33702
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)

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	Andrew Reddecliff	
	1661 Ringling Blvd #3992 Sarasota, FL 34230	
	Sarasola, FL 34230	
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f an effective date is listed, the date must be see date of filing.)	ate of filing:	rior to or 90 days after
ie document's effective date on the Departme	in of state s records.	
RTICLE VI: Other provisions, if any.		
-		
REQUIRED SIGNATURE:		
	Inder Pellall	
This document is exe I am aware that any fa	member or an authorized representative of a membe cuted in accordance with section 605.0203 (1) (b). Florialise information submitted in a document to the Departmaree felony as provided for in s.817.155. F.S.	da Statutes.
	Typed or printed name of signee	_

Filing Fees:

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