To: 18506176381 From: 12147128131 Date: 02/19/21 Time: 3:34 PM Page: 01/03



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To:

2/19/2021

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone

: (214)317-4754 Fax Number

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FLORIDA LIMITED LIABILITY CO. RIMMON SHOAL, LLC

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J. FASON

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

RIMMON SHOAL, LLC

<u>ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY</u>

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

18628 LANSFORD DRIVE HUDSON, FLORIDA 34667

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

RIMMON DATESMAN 18628 LANSFORD DRIVE HUDSON, FLORIDA 34667

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, FLORIDA STATUTES.

DATED: __2/19/2/

RIMMON DATESMAN

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ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MANAGERS/MEMBERS: RIMMON DATESMAN

18628 LANSFORD DRIVE HUDSON, FLORIDA 34667

YOKO ROGERS

18628 LANSFORD DRIVE HUDSON, FLORIDA 34667

DATED: 2/19/21

RIMMON DATESMAN

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

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