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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LEGALZOOM.COM INC. Account Name

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

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Email	Address:	

## FLORIDA LIMITED LIABILITY CO.

## Rizing Tide LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rizing Tide LL	С		
(Mus	t conatin the words "Limited	Liability Company, "L	.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and st	reet address of the principal o	flice of the Limited Li	ability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
8709 Manchesi	er Ct		
Tallahassee, FI	. 32311		
(The Limited Liability Cor	npany cannot serve as its own	Registered Agent. Yo	u must designate an individual o
another business entity wi	th an active Florida registration treet address of the registered	on.)	
another business entity wi	th an active Florida registration	on.) I agent are:	
another business entity wi	th an active Florida registrationstreet address of the registered	on.) I agent are:	
another business entity wi	th an active Florida registrationstreet address of the registered	on.) I agent are: ration Agents, Inc.	
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another business entity wi	th an active Florida registrationstreet address of the registered United States Corporated States Corp	on.) If agent are: ration Agents, Inc. Psi ro d. Suite 36	eptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company **a** the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in **I** is supacity. 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 Gapts 605. ES

Registered Agent's Signature (REQ) RED

(CONTINUED)

2121 HAY 14 AH 11:31

To: 18506176381

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.  Chevenne Moseley, Legalzoom.com, Inc.  Typed or printed name of signe  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:
(Use attachment if necessary)  E.V: Effective date, if other than the date of filing		mber
(Use attachment if necessary)  EV: Effective date, if other than the date of filing	'MGR" = Manager	
(Use attachment if necessary)  EV: Effective date, if other than the date of filing:	MGR	Devyn Hardy
(Use attachment if necessary)  EV: Effective date, if other than the date of filing:		8/09 Manchester Ct
(Use attachment if necessary)  E.V: Effective date, if other than the date of filing		Tallahassee, FL 32311
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retive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.  EVI: Other provisions, if any.  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.  Chevenne Moseley, Legalzoom.com, Inc.  Typed or printed name of signe.  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Use attachment if necessar	v)
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