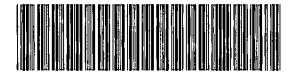
121000301717

(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000368926280

21 JUN 28 PH 1: 2. SECRETARY OF STATE ALLAHASSEE, FIGS.

77 () 73 () 8 () 8 ()

50/30/21

GOVER LETTER

	iew Filing Sec Division of Co								
SUBJEC*		ducts & Services	LLC						
JODGE	••	Na	me of Lim	ited Liabil	ity Company				
The enclo	sed Articles of	Organization and	d fee(s) are	submitted	l for filing.				
Please ret	um all corresp	ondence concerni	ng this ma	tter to the	following:				
	Ronald Ellis	on							
				Name of	Person	·			
	RRCE Prod	ucts & Services,	LLC						
				Firm/Co	ompany	· · · · · · · · · · · · · · · · · · ·			
	1317 Edgew	ater Drive Suite	4625						
		·		Addı	ress				
	Orlando, FL	32804							
			Ci	ty/State ar	nd Zip Code				
	rrcepns@mai					· · · · · · · · · · · · · · · · · · ·	A S	73	
		E-mail address: (1	to be used	for future	annual report notific	ation)		YU.	للن
For further	information co	ncerning this ma	tter, please	call:			iaey Assi	N 28	
	Ronald Elliso	on	81. at (3	470-0890		ÇΩ.	PH	
	Nan	ne of Person	Ar	ea Code	Daytime Teleph	one Number		T: 23	
Enclosed	is a check for t	he following amo	unt:				•		
□\$125.0	O Filing Fee	□S130.00 Fili Certificate of		Certifi	5.00 Filing Fee & led Copy al copy is enclosed)	≅\$160.0 Certifica Certified (additional	ite of Sta l Copy	itus &	ed)
		ng Address			Street Address New Filing Section	Division			

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

RRCE Products & Service	es, LLC			
(Must contain t	the words "Limited Li	ability Company, '	"L.L.C.," or "LLC.")	· · ·
ARTICLE II - Address: The mailing address and street addre	ss of the principal offi	ce of the Limited	Liability Company is:	
Principal O	office Address:		Mailing Address:	
1317 Edgewater Drive		1317	Edgewater Drive	
Suite 4625			4625	
Orlando, FL 32804	· · · · · · · · · · · · · · · · · · ·	Orlar Orlar	ndo, Fl 32804	
•	e Florida registration. ress of the registered a	gent are:	You must designate an individu	121 Gr
another business entity with an active The name and the Florida street address.	re Florida registration. ress of the registered a)		izi Gr
The name and the Florida street add	re Florida registration. ress of the registered a	gent are: andy Milliken Name Edgewater Dr		izi Gr
The name and the Florida street add	re Florida registration. ress of the registered a	gent are: andy Milliken Name Edgewater Dr		izi Gr
The name and the Florida street add	ress of the registered a Ra 1317	gent are: andy Milliken Name Edgewater Dr P.O. Box <u>NOT</u> ac	cceptable)	izi Gr
The name and the Florida street add	ress of the registered a Ra 1317 Florida street address (Orlando City at and to accept services ereby accept the appointions of all statutes relations of my position as	gent are: andy Milliken Name Edgewater Dr P.O. Box NOT ac FL State c of process for the attenting to the proper registered agent of	zceptable) 32804 Zip above stated limited liability conducted agent and agree to act in this and complete performance of r	ompany at th s capacity. I ny duties, an

(CONTINUED)

FILES

21 JUN 28 PM 1: 23

SECRE LARY OF LARE
TALL'AHASHIEL FROME

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Donald Elling	
MOR	Ronald Ellison 1317 Edgewater Drive Suite 4625	
	Orlanda, FL 32804	
		
(Use attachment if necessary)		
of filing.) the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days put meet the applicable statutory filing requirements, this ent of State's records.	prior to or 90
f filing.) the date inserted in this block does no nent's effective date on the Departme E VI: Other provisions, if any.	on meet the applicable statutory filing requirements, this ent of State's records.	prior to or 90 s date will not
of filing.) the date inserted in this block does not nent's effective date on the Departme E VI: Other provisions, if any.	specific and cannot be more than five business days post meet the applicable statutory filing requirements, this ent of State's records.	prior to or 90 s date will not
the date inserted in this block does not nent's effective date on the Departme E VI: Other provisions, if any. REQUIRED SIGNATURES	of meet the applicable statutory filing requirements, this ent of State's records.	prior to or 90 s date will not
the date inserted in this block does not nent's effective date on the Departme E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	ot meet the applicable statutory filing requirements, this ent of State's records.	prior to or 90 s date will not
filling.) the date inserted in this block does not nent's effective date on the Departme E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in this block does not nent's effective date on the Departme This document is exected any this document is exected any ware that any this document is exected.	the meet the applicable statutory filing requirements, this ent of State's records. The member of an authorized representative of a member of a membe	prior to or 90 s date will not
filling.) the date inserted in this block does not nent's effective date on the Departme E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in this block does not nent's effective date on the Departme This document is exected any this document is exected any ware that any this document is exected.	the meet the applicable statutory filing requirements, this ent of State's records. The member of an authorized representative of a member of a membe	prior to or 90 s date will not
the date inserted in this block does not ment's effective date on the Department's effective date on the Department's effective date on the Department is executed an aware that any faconstitutes a third degree.	member or an authorized representative of a member outed in accordance with section 605.0203 (1) (b), Florise information submitted in a document to the Department fellows as provided for in s.817.155, F.S.	prior to or 90 s date will not
the date inserted in this block does not nent's effective date on the Departme E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a I This document is exect I am aware that any fa	member or an authorized representative of a member outed in accordance with section 605.0203 (1) (b), Florise information submitted in a document to the Department fellows as provided for in s.817.155, F.S.	er. rida Statutes. ment of State
the date inserted in this block does not ment's effective date on the Department's effective date on the Department's effective date on the Department is executed an aware that any faconstitutes a third degree.	member or an authorized representative of a member outed in accordance with section 605.0203 (1) (b), Florise information submitted in a document to the Department fellows as provided for in s.817.155, F.S.	er. rida Statutes. ment of State
the date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a I This document is exect I am aware that any faconstitutes a third degree. Ronald Ellison	member or an authorized representative of a member outed in accordance with section 605.0203 (1) (b), Florise information submitted in a document to the Department of Elling Fees: Typed or printed name of signee	er. rida Statutes. ment of State
filling.) the date inserted in this block does not nent's effective date on the Departme E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a I This document is exect I am aware that any fa constitutes a third degree Renald Ellison S125.00 Filling Fee for Articles of O	member or an authorized representative of a member outed in accordance with section 605.0203 (1) (b), Florise information submitted in a document to the Department of Eling Fees: Typed or printed name of signee	er. rida Statutes. ment of State
response of filing.) the date inserted in this block does not nent's effective date on the Departme E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a in this document is exected any aware that any factoristitutes a third degree on the provisions. Ronald Ellison \$125.00 Filing Fee for Articles of O \$30.00 Certified Copy (Optional)	member or an authorized representative of a member outed in accordance with section 605.0203 (1) (b), Florise information submitted in a document to the Department fellony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	er. rida Statutes. ment of State
the date inserted in this block does not ment's effective date on the Departme E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a I This document is exect I am aware that any fa constitutes a third degree Ronald Ellison \$125.00 Filing Fee for Articles of O	member or an authorized representative of a member outed in accordance with section 605.0203 (1) (b), Florise information submitted in a document to the Department fellony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	er. sida Statutes. nent of State TALL'AHAGES
report filing.) the date inserted in this block does not ment's effective date on the Departme E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a I This document is exect I am aware that any fa constitutes a third degree Ronald Ellison \$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional)	member or an authorized representative of a member outed in accordance with section 605.0203 (1) (b), Florise information submitted in a document to the Department fellony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	er. sida Statutes. nent of State TALL'AHAGES
Filing.) the date inserted in this block does not the date inserted in this document. REQUIRED SIGNATURE: Signature of a in this document is exect a massive that any factoristitutes a third degree in this document. Ronald Ellison \$125.00 Filing Fee for Articles of O in this document.	member or an authorized representative of a member outed in accordance with section 605.0203 (1) (b), Florise information submitted in a document to the Department fellony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	er. rida Statutes. ment of State