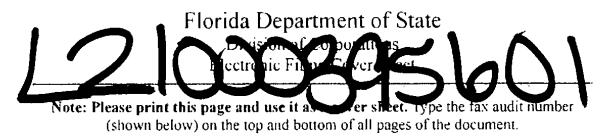
9/3/2021

Division of Corporations



(((H210003303593)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Ritz and Relaxation LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	ť	•
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The name of the Limited Liability Company is:

Ritz and Relaxation 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 Unice Address:	Maning Address:
1101 Jonquil Circle	1101 Jonquil Circle
Great Falls, VA 22066	Great Falls, VA 22066

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:

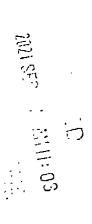
C T Corporation Sys	stem	
	Name	
1200 South Pine Isla	and Road	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	rceptable)
Plantation	FL	33324
City	State	Zip

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..

Stephanie Hencz Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Page: 4 of 4

ARTICLE IV-

		Name and Address:
	portzed Member	
"MGR" = Mana	ger	
MOR		Nosh Vasquez
		1101 Jonquil Circle
		Great Falls, VA 22066
		والمراجع
(Use attachment EV: Effective d	late, if other theo t	the date of filing:
EV: Effective determined feetive date is list of filling.) I the date inserted	late, if other than t ted, the date mus d in this block do	st be specific and cannot be more than five business days prior to or
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)