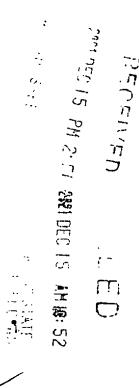


(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submoss Entry Nume)
(Document Number)
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Incorporating Services, Ltd.

incserv²

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

_				1
R	EOL	JEST	DATE	12/15/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 980590

ORDER ENTITY___ RYDIMORAI LLC

LEASE PERFORM THE FOLLOWING SERVICES:	
RYDIMORAI LLC (FL)	
Please file the attached articles and provide a certified copy.	

ricase me the attached articles and provide a certified copy.
NOTES:
\$155.00 Authorized
Email address for annual report reminders: jim@weinbergpc.com /
DETINAL FORMANDANA VALOTRALOTRALO

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

DEC 15 AH 19: 52

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

RYDIMORAI LLC		
(Must con	tain the words "Limited Liabili	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
he mailing address and street a	address of the principal office o	f the Limited Liability Company is:
<u>Princi</u>	oal Office Address:	Mailing Address:
213 WEST 35TH S	TREET	213 WEST 35TH STREET
#802A		#802A
#004/1		
NEW YORK, NEW ARTICLE III - Registered Ag The Limited Liability Compan	gent, Registered Office, & Reg y cannot serve as its own Regis	NEW YORK, NEW YORK 10001
NEW YORK, NEW ARTICLE III - Registered Ag (The Limited Liability Compananother business entity with an	gent, Registered Office, & Reg y cannot serve as its own Regis active Florida registration.) t address of the registered agent	NEW YORK, NEW YORK 10001 gistered Agent's Signature: tered Agent. You must designate an individuare: are:
NEW YORK, NEW ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an	gent, Registered Office, & Reg y cannot serve as its own Regis active Florida registration.) t address of the registered agent ERESIDENTAGENT, INC	NEW YORK, NEW YORK 10001 sistered Agent's Signature: tered Agent. You must designate an individuare: are:
NEW YORK, NEW ARTICLE III - Registered Ag The Limited Liability Companion of the business entity with an	gent, Registered Office, & Reg y cannot serve as its own Regis active Florida registration.) t address of the registered agent	NEW YORK, NEW YORK 10001 sistered Agent's Signature: tered Agent. You must designate an individuare: are:
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NEW YORK, NEW ARTICLE III - Registered Ag (The Limited Liability Compananother business entity with an	gent, Registered Office, & Registy cannot serve as its own Regist active Florida registration.) t address of the registered agent ERESIDENTAGENT, INC. Nam.	NEW YORK, NEW YORK 10001 gistered Agent's Signature: tered Agent. You must designate an individuare: are:

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.

(CONTINUED)

Gerika Easter authorized Derson
Registered Agent's Signature (REQUIRED)

2021 DEC 15 AH LO: 52

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager AMBR LOT 22, OZONE PARK, GURAHOO TRACE CHASE VILLAGE, TRINIDAD AND TOBAGO AMBR HAND DIEFFENTHALLER SPALM AVENUE EAST PETIT VALLEY, TRINIDAD AND TOBAGO AMBR JON DIEFFENTHALLER 37 FITT STREET, WOODBROOK PORT OF SPAIN, TRINIDAD AND TOBAGO AMBR KEES DIEFFENTHALLER SPALM AVENUE EAST PETIT VALLEY, TRINIDAD AND TOBAGO (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 01/03/2022 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 d teo of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becoment's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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 flase information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. LAWRENCE A. KIRSCII Typed or printed name of signce Filing Fees; S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certificate of Status (Optional)	l <u>e:</u>	Name and Address:		
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