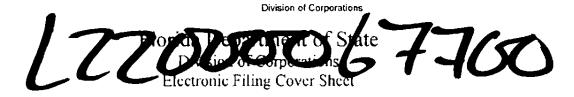
. Page: 3 of 5

2022-02-18 08:01:06 CST

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From: Lexus Wingo

2/18/22, 8:57 AM



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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. RKG Family Group, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR3	ri <i>c</i> i	FI	 Nan	ıe.

The name of the Limited Liability Company is:

RKG Family Group, 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:

Thompsetzents that tea.	TANK HAMITAY
704 Goodlette-Frank Rd. Suite 215	704 Goodlette-Frank Rd. Suite 215
Naples FL 34102	Naples FL 34102

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:

Principal Office Address:

Russell S. Gallemore	Name	
704 Goodlette-Frank	Rd Suite 215	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	ceptable)
Naples	Florida	34102
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.

RussellS Gallemore
By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 FEB 18 PHI2: 15

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
J .	Russell S. Gallemore	
MGR	704 Goodlette-Frank Rd Suite 215	
	Naples FL 34102	
		
		
		
	-	
ective date is listed, the date must be s of filing.)	te of filing:	to or 90 days after
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