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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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

Email Address: mdockins@shumaker.com

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REGISTRATION
COMMERCIAL
SERVICE

**FLORIDA LIMITED LIABILITY CO.
S-Tier GMBH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

APR 5 2022 1:40 PM

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S-Tier GMBH, 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 Office Address:

Mailing Address:

1000 Jackson Street
Toledo, Ohio 43604

1000 Jackson Street
Toledo, Ohio 43604

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:

Michael E. Dockins
Name

101 E. Kennedy Blvd., Suite 2800
Florida street address (P.O. Box **NOT** acceptable)

Tampa Florida 33602
City State Zip

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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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/ Michael E. Dockins
Registered Agent's Signature (REQUIRED)

(CONTINUED)

