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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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Email Address:

## FLORIDA LIMITED LIABILITY CO.

## **Retman Consulting LLC**

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## 2022 APR -8 AM 9: 33

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Return Consulting LLC

(Must contain the words "Limited Liability Company, "L.I., C.," or "LI, C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

433 Plaza Real, Suite 275

BOCA RATON, FL 33432

433 Plaza Real, Suite 275

BOCA RATON, FL 33432

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:

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr. Suite A

Florida street address (P.O. Box NOT acceptable)

Tallahassec Florida 3230

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 bereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all studies 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member		
*MGR* - Manager	•	
AMBR	Wojciech Jerzy Muszynski	
111111111111111111111111111111111111111	433 Plaza Real, Suite 275	
	Boca Raton, FL 33432	
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