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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W22000054185

Office Use Only



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April 25, 2022

RICH SCHOLSOHN 20100 BOCA WEST DR APT #144 BOCA RATON, FL 33434 US

SUBJECT: RS GOLDEN TOUCH LLC

Ref. Number: W22000054185

We have received your document for RS GOLDEN TOUCH LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order for your business entity, with document number L03000038399, to be reinstated, you would have to go to the sunbiz website and mail in the correct form for a reinstatement. In order for your entity to be reinstated you would have to pay a fee of \$1,210 online or by mail with a checkor money order. You can also file for a reinstatement online.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Coates Brianna Regulatory Specialists II



Letter Number: 322A00009596



New Filing Section Division

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

New Filing Section

New Filing Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
SUBJECT: RS GOLDEN TOUCH LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICH SCHOLSOHN
Name of Person
RS GOLDEN TOUGH
Firm/Company
20180 BOCA WEST DR. APT#144
Address
BOCA RATON, FL 33434 City/State and Zip Code
RICHIESCHOLSOHN®GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICH SCHOL SO HN at (56) 870 4848 Signal Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RS GOLDEN TO	UCH 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:
20100 BOCA WEST DK.	20100 BOCA WEST DR.
31: 141L	平 <i>144</i>

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

RICH SCHOLSOHN

Name

20100 BOCA WEST DR. #144

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

BOCA RATON FL 33434

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



	Name and Address:
"MGR" = Manage:	RICH SCHOLSOHN
	20100 BOCA WEST DR. #144 BOCA RATON PL 33434
MGR	0007 RATON PL 00734
	SUSAN SCHOLSOHN
	BOCA RATON, FL 33434
	044141141171 2 00 70 7
(Use attachment if necessary)	
•	ate of filing: (OPTIONAL)
ocument's effective date on the Departme	ent of State's records.
ICLE VI: Other provisions, if any.	INSTATE RS GOLDEN TOUCH
ICLE VI: Other provisions, if any. PLEASE RE TO MAKE THE	STATUS! ACTIVE
ICLE VI: Other provisions, if any. PLEASE REQUIRED SIGNATURE:	STATUS! ACTIVE
TO MAKE THE	STATUS! ACTIVE
PLEASE REQUIRED SIGNATURE: Signature of a	STATUS ACTIVE member or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a This document is exellam aware that any fa	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a This document is exellam aware that any fa	member or an authorized representative of a member. Excuted in accordance with section 605.0203 (1) (b), Florida Statutes. Talse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
REQUIRED SIGNATURE: Signature of a This document is exellam aware that any fa	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any fa constitutes a third deg	member or an authorized representative of a member. cented in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. SHOLSON Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent

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

ARTICLE IV-