## L23000086443

(1	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.

Office Use Only



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Account#: I20000000088

Date: 02/24/2023	
Name: Ken Howell	
Reference #:	
Entity Name: RUTERSCHMIDT HOLDINGS	LLC
✓ Articles of Incorporation/Authorization to Transact Busines	
Amendment	
Change of Agent	
Reinstatement	
☐ Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount:\$125.00	
Signature:	

F: 800.944.6607

F: +852.2682.9790

## COVER LETTER

Division of C	Section Corporations			
SUBJECT:	Ruterschi	midt Holdings	LLC	
SUBJECT:		mited Liability Co		<del> </del>
The enclosed Articles	of Organization and fee(s) a	re submitted for fi	ling.	
Please return all corre	spondence concerning this m	atter to the follow	ing:	
		Rebecca Lev		
		Name of Perso	n	
	_	Clark Hill PL	С	
		Firm/Company	y.	
	301 G	Grant Street, 1	4th Floor	
		Address		
	Pit	ttsburgh, PA 1	5219	
	(	City/State and Zip	Code	
	rhol	lmes@clarkhi	ll.com	
<del></del>	E-mail address: (to be used	for future annual	report notificati	on)
For further information	concerning this matter, pleas	se call:		
Re	ebecca Lewis at (_	412 )	394-77	'42
N	lame of Person	Area Code Da	ytime Telephon	e Number
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional cop	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	illing Address		t Address	
	w Filing Section vision of Corporations		Filing Section ion of Corporati	ons
	). Box 6327	Clifto	n Building	
Tal	lahassee, FL 32314		Executive Cente hassee, FL 3230	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		t Holdings LLC		
(Musi	contain the words "Limited Liabi	lity Company, "L.L.)	C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the principal office	of the Limited Liabi	lity Company is:	
<u> Pr</u>	ncipal Office Address:		Mailing Address:	
6525	Valen Way, D-202	652	25 Valen Way, D-202	
ARTICLE III - Registere (The Limited Liability Con	Apples, FL 34108  1 Agent, Registered Office, & Regional Community	egistered Agent's Si	Naples, FL 34108	2023 F
ARTICLE III - Registere (The Limited Liability Con another business entity wit	I Agent, Registered Office, & Ropany cannot serve as its own Reginan active Florida registration.) treet address of the registered agen	egistered Agent's Si istered Agent. You n	Naples, FL 34108	2023 FEB 24 SECRETARY
ARTICLE III - Registere (The Limited Liability Con another business entity wit	I Agent, Registered Office, & Respany cannot serve as its own Reginan active Florida registration.) treet address of the registered agen	egistered Agent's Si istered Agent. You n nt are: ncy Global Inc.	Naples, FL 34108	
ARTICLE III - Registere (The Limited Liability Con another business entity wit	I Agent, Registered Office, & Repany cannot serve as its own Regin an active Florida registration.)  treet address of the registered agency Coge	egistered Agent's Si istered Agent. You n nt are: ncy Global Inc.	Maples, FL 34108  gnature: nust designate an individual or FL 34108	3 1
ARTICLE III - Registere (The Limited Liability Con another business entity wit	I Agent, Registered Office, & Repany cannot serve as its own Regin an active Florida registration.)  treet address of the registered agency Coge	egistered Agent's Si stered Agent. You n nt are: ncy Global Inc. me	Maples, FL 34108  gnature: nust designate an individual or A	
ARTICLE III - Registere (The Limited Liability Con another business entity wit	I Agent, Registered Office, & Repany cannot serve as its own Region an active Florida registration.)  treet address of the registered agent Coge Nation Nation 115 North C	egistered Agent's Si stered Agent. You n nt are: ncy Global Inc. me	Maples, FL 34108  gnature: nust designate an individual or A	79 5 C

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..

/S/ SHANNON M. MADDOX
Registered Agent's Signature (REQUIRED)

(CONTINUED)

	e: IBR" = Authorized Member	Name and Address:
"MC	IR" = Manager	
	AMBR	Herbert M. Ruterschmidt
		6525 Valen Way. D-202  Naples, FL 34108
		Naples, FL 34108 S TE
	<del></del>	
		2
		<u> </u>
		<u>m</u>
(Use	attachment if necessary)	
ARTICLEX	Fifective date if other than the date of fi	ling: (OPTIONAL)
AKTICEL V. He an effectiv	e date is listed, the date must be specific	e and cannot be more than five business days prior to or 90 days after
the date of fili		cand cannot be more than the business days province to the following
		the applicable statutory filing requirements, this date will not be listed
	s effective date on the Department of St	
ADDICERTO	I: Other provisions, if any.	
	t. Other provisions, if any.	
ARTICLE VI		
	DUIRED SIGNATURE:	
ARTICLE VI		

## Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Herbert M. Ruterschmidt Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)