

L23000120152

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I19990000199
Phone : (850)681-6810
Fax Number : (850)681-9792

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

Email Address: matthew.mcroberts@nelsonmullins.com

**FLORIDA LIMITED LIABILITY CO.
RANGE INVESTMENT HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

SECRETARY OF STATE
TREASURER
CLERK

23 MAR 15 PM 12:30

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Fax Audit No. H23000097866 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RANGE INVESTMENT HOLDINGS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

Matthew S. McRoberts

Name of Person

Nelson Mullins Riley & Scarborough

Firm/Company

\$625 Tamiami Trail N., Suite 202

Address

Naples, FL 34108

City/State and Zip Code

matthew.mcroberts@nelsonmullins.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Matthew McRoberts

239

325-0416

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 310
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

RANGE INVESTMENT HOLDINGS 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:700 Second Avenue N., Suite 202
Naples, FL 34102Mailing Address:700 Second Avenue N., Suite 202
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

Alan C. Farrugia

Name

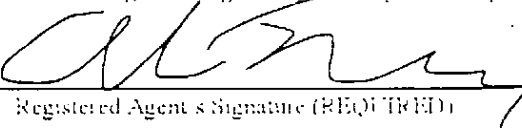
700 Second Avenue N. Suite 202Florida street address (P.O. Box **NOT** acceptable)NaplesFL34102

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)

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 TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager:

MGRAlan C. Farrugia700 Second Avenue N., Suite 202Naples, FL 34102______________________________

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records**ARTICLE VI:** Other provisions, if any_____

_____**REQUIRED SIGNATURE:**Signature of a member or an authorized representative of a member.This document is executed in accordance with section 605.9203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s 817.155, F.S.Alan C. Farrugia

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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