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



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COVER LETTER

| TO: | New Filing Sec Division of Cor | | | |
|-----------|-----------------------------------|--|---|---|
| | Rhea Kessl | er Designs, LLC | | |
| SUBJE | CT: | Name of Lim | ited Liability Company | |
| The end | closed Articles of | Organization and fee(s) are | submitted for filing. | |
| Please | return all correspo | ndence concerning this ma | tter to the following: | |
| | Rhea Kessler | | | |
| | | | Name of Person | |
| | Rhea Kessler | Designs, LLC | | |
| | | | Firm/Company | |
| | 1048 Ft. Pick | ens Rd. | | |
| | | - | Address | |
| | Pensacola Be | ach, FL. 32561 | | |
| | rheakessler@y | | ty/State and Zip Code | |
| | E | E-mail address: (to be used | for future annual report notificat | ion) |
| For furth | er information co | ncerning this matter, please | call: | |
| | Rhea Kessler | 850 | 529-9914 | |
| | Nam | | ca Code Daytime Telephon | e Number |
| | | | | |
| Enclose | ed is a check for th | ne following amount: | | |
| □\$125 | 5.00 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) |
| | | | | \$ 2 |

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 810 Tallahassee, FL 32303

of Tallahassee
phroe Street, Suite 810
E. FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Rhea Kessler Designs | LLC | | | |
|---|---|--|---|--|
| (Must co | ntain the words "Limited L | iability Company. | , "L.L.C" or "LLC.") | |
| RTICLE II - Address: | | | | |
| e mailing address and street | address of the principal of | fice of the Limited | d Liability Company is: | |
| <u>Princi</u> | pal Office Address: | | Mailing Address: | |
| 1048 Ft. Pickens Rd. | | 1048 | Ft. Pickens Rd. | |
| Pensacola Beach, FL. 32561 | | | Pensacola Beach, FL. 32561 | |
| RTICLE III - Registered A | gent, Registered Office, & | Registered Age | | |
| tTICLE III - Registered A | gent, Registered Office, & ny cannot serve as its own F n active Florida registration | Registered Age Registered Agent. | nt's Signature: | |
| RTICLE III - Registered A ne Limited Liability Compar other business entity with an | gent, Registered Office, & ny cannot serve as its own F n active Florida registration | Registered Agent. (a) (a) (b) (c) (d) | nt's Signature: | |
| RTICLE III - Registered A ne Limited Liability Compar other business entity with an | gent, Registered Office, & ny cannot serve as its own F n active Florida registration it address of the registered a | Registered Age Registered Agent. | nt's Signature: | |
| RTICLE III - Registered A ne Limited Liability Compar other business entity with an | gent, Registered Office, & ny cannot serve as its own F n active Florida registration it address of the registered a | Registered Agent. (a) (a) (b) (c) (d) | nt's Signature: | |
| RTICLE III - Registered A ne Limited Liability Compar other business entity with an | gent, Registered Office, & ny cannot serve as its own F n active Florida registration it address of the registered a Rhea Kessler | Registered Age Registered Agent. agent are: Name | nt's Signature: You must designate an individual o | |
| RTICLE III - Registered A ne Limited Liability Compar other business entity with an | gent, Registered Office, & ny cannot serve as its own F n active Florida registration t address of the registered a Rhea Kessler | Registered Age Registered Agent. agent are: Name | nt's Signature: You must designate an individual o | |

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2023 APR 27 AM 9: 41 SECREDAMY SEE STATE

ARTICLE IV-

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

| Title: | | Name and Address: | | |
|--------------------|--|--|---------------------------------|------------|
| | " = Authorized Member | | | |
| "MGR" = | = Manager | | | |
| MGR | | Rhea Kessler | | |
| | | 1048 Ft. Pickens Rd. | | |
| | | Pennacola Beach, FL 32561 | | |
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| (Use attac | chment if necessary) | | | |
| the document's eff | fective date on the Department | meet the applicable statutory filing requirements, this tof State's records. | date will not be | listed as |
| ARTICLE VI: Od | her provisions, if any, | | | _ |
| REOUIE | RED SIGNATURE: | Kessler | | _ |
| | Signature of a m | ember or an authorized representative of a membe | | |
| | This document is execu I am aware that any fals | ated in accordance with section 605.0203 (1) (b), Florice information submitted in a document to the Department follows as provided for in s.817.155, F.S. | ida Statutes. nent of State | |
| | ~ -/ | | 7AC | |
| | Rhea K | ressler | | |
| | | Typed or printed name of signee | 2023 APR SECRETA TALLAI | a A |
| | | | \[\frac{1}{2}\] \[\frac{1}{2}\] | F |
| | | Filing Frees: | (0) | Ü |
| | | rganization and Designation of Registered Agent | APP SEE | |
| | Certified Copy (Optional) | | | |
| \$ 5.00 | Certificate of Status (Option | nal) | 9: 1 | *** |
| | | | | |