

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 : ASPEN PRIVATE CAPITAL, LLC
Account Number : I20210000113
Phone : (727)386-4927
Fax Number : (727)386-4947

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

Email Address: accounting@aspenprivatecapital.com

RECEIVED
2023 JUL -7 PM 3:37
CORPORATIONS
SERIALS
DIVISION

STATE OF FLORIDA
TALLAHASSEE, FL

2023 JUN -7 AM 11:51

FILED

FLORIDA LIMITED LIABILITY CO.

Rhiannon, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Rhiannon, 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:

Mollie Minniss

Name of Person

Aspen Private Capital, LLC

Firm/Company

PO Box 606

Address

Clearwater, FL 33757

City/State and Zip Code

accounting@aspenprivatecapital.com

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

For further information concerning this matter, please call:

Mollie Minniss

at (727)

335-3926

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 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
DIVISION OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rhiannon, 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:

331 Cleveland St.

PO Box 606

Unit 404

Clearwater, FL 33757

Clearwater, FL 33755

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:

Brandon Marion

Name

331 Cleveland St. Unit 404

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

Clearwater

FL

33755

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..

Brandon Marion

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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

MGR

Brandon Marion

331 Cleveland St. Unit 404

Clearwater, FL 33755

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/07/2023. (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:

Brandon Marion

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (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.

Brandon Marion

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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TALLAHASSEE, FL
DEPARTMENT OF STATE