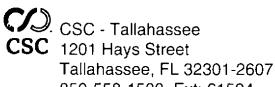
L23000 394868

(F	Requestor's Name)	·
	Address)	
(7	radie 33)	
(A	\ddress)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
	Document Number)	
(1	Jocument Namber)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer;	
	<u>-</u>	

Office Use Only



000414150010



850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 08/23/23

Order #: 1256825-1

Re: Ridgemont Holdings LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Sax intel man

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must conta	Ridgemont Holdir	ngs LLC		
-	in the words "Limited Liab	ility Company, "l	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office	of the Limited L	iability Company is:	
Principal Office Address: 1010 Hibiscus Lane Delray Beach, FL 33444			Mailing Address: 1010 Hibiscus Lane Delray Beach, FL 33444	
	Na	on Service Com	pany 	
	1201 Hayes Street			
		O. Box NOT acc	ергабіе)	
	Florida street address (P.	coe El 32301		
	,	see, FL 32301 State	Zip	

(CONTINUED)

13:2

; ?: --

ARTICLE IV-

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

Title:		Name and Address:	
	uthorized Member		
"MGR" = Ma	nager		
MGR		Adam Weil	
		1010 Hibiscus Lane	
		Delray Beach, FL 33444	
			
			
(Use attachme	nt if necessary)		
date of filing.) ote: If the date insert	ted in this block does not we date on the Departmen	pecific and cannot be more than five business days prior to meet the applicable statutory filing requirements, this date at of State's records.	·
REOUIRED	SIGNATURE:	DocuSigned by:	
		B5E003AD9F3F4D8	
	This document is executed a management of the Tam aware that any false	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida St se information submitted in a document to the Department of the felony as provided for in s.817.155, F.S.	atutes. of State
		Adam Weil	
		Typed or printed name of signee	
		- 7 F 0. F	
		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)

2717.3

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