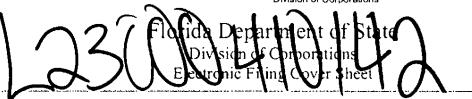
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Division of Corporations



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(((H23000305657 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: RGILLISPIE63@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. **RS&G Consulting Firm LLC**

S CHATHAM S 2023

Certificate of Status	1
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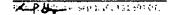
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RS&	G Consulting F	irm LLC		
(Must end with the	e words "Limited Lia	bility Company, "L.L.C.," or "LL	C.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office	of the Limited Liability Company	y is:	
Principal Office Address:	Mailing A	Address:		2ù
11374 SW 226th Street Miami, FL 33170-6423		11374 SW 226th Street Miami, FL 33170-6423		2023 SEP -
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot another business entity with an active F	t serve as its own Reg		e an individ	dualion —
The name and the Florida street address	of the registered age	nt are:	17	06
Richard Gill	ispie			
	Name			
	226th Street address (P.O. Box <u>NC</u>	<u>)T</u> acceptable)		
Miami		FL 33170-6423		
	City	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)
Richard Gillispie

(CONTINUED)

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H23000305657

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager MGR	Richard Gillispie		
	11374 SW 226th Street		
	Miami, FL 33170-6423		
	<u></u>		
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(Use attachment if necessary) LE V: Effective date, if other than the date of	of filing: (OPTIONAL)		
EV: Effective date, if other than the date of fective date is listed, the date must be spec of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9		
LE V: Effective date, if other than the date of fective date is listed, the date must be specified of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 9		
LE V: Effective date, if other than the date of fective date is listed, the date must be specific of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	eific and cannot be more than five business days prior to or 9		
LE V: Effective date, if other than the date of fective date is listed, the date must be spect of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 60 constitutes an affirmation und I am aware that any false info	cific and cannot be more than five business days prior to or 9		
LE V: Effective date, if other than the date of fective date is listed, the date must be spect of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 60 constitutes an affirmation und I am aware that any false info	nher or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this documer der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State		

Page 2 of 2