Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H23000331757 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856

Fax Number : (800)354-3381

**Enter the email address for this business entity to be used for future

S. CHATHAM
SEP 25 WES

annual report mailings. Enter only one email address please.** Email Address:

FLORIDA LIMITED LIABILITY CO. RLGB61702 LLC

Certificate of Status	0
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September 21, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GERALD WEINBERG, P.C.

SUBJECT: RLGN61702 LLC

REF: W23000129547

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

ARTICLE IV IS INCOMPLETE.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews Regulatory Specialist II New Filings Section FAX Aud, #: H23000331757 Letter Number: 323A00021920

26382122 W1 8:38

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	RLGI	361702 LLC	
(Must con	tain the words "Limited Liab		C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	ddress of the principal office	of the Limited Liabi	lity Company is:
	nl Office Address:		Mailing Address:
129141	NORTH ROAD		12914 NORTH ROAD
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	TCHEB, FL 33470 ent, Registered Office, & Registered as its own Reg	egistered Apent's Si	XAHATCHEE, FL 33470
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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.

| S| Richard Becker Registered Agent's Signature (REQUIRED)

(CONTINUED)

(H230003317573)

WGR" = Manager RICHARD BECKER 12914 NORTH ROAD LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 EV: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records. EVI: Other provisions, if any.	Title:	Name and Address;
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