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.

(((H23000382100 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMITER & SINGER, LLP

Account Number : I200000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

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

Email Address: Corporate@comiterainger.com

## FLORIDA LIMITED LIABILITY CO.

## Rice Investment Holdings, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

## **COVER LETTER**

TO:	New Filing Se Division of Co								
SUBJEC	Rice Inve	stment Holdings,	LLC						
CODUCE	~ · · · <del> · · · · · ·</del>	N	ime of Limit	ed Liabil	ity Company		-		
The encl	osed Articles o	f Organization and	d fee(s) are s	ubmitted	l for filling.				
Please re	eturn all corresp	ondence concerni	ng this matte	to the	following:				
	Andrew R.	Comiter, Esq.							
	_			Name of	Person				
	Comiter, Si	nger, Baseman &	Braun, LLP						
	-	-		Firm/Co	mpany		·		
	3825 PGA	Blvd., Suite 701							
			-	Addr	¢S9		<del></del>		
	Palm Beach	Gardens, FL 334	10						
	cornorate@c	omitersinger.com		/State an	d Zip Code				
				r future s	nnual report notification		****	2(	
For further		ncerning this mat			minut report motification	ω <i>ιτ</i> )	III.SIE	2023 HOV -2	 6
	Rebecca Bye	ers	561 at (		626-2101			y -2	gran G
	Nan	ne of Person		Code	Daytime Telephone	Number		P	(1 <del>22</del> 2 0 2 0
Enclosed	is a check for t	he following amo	unt:				035 035 035 035 035 035 035 035 035 035	19 대 19	es.
□\$125.0	00 Filing Fee	□\$130.00 Fili Certificate of S	Status	Certifi	5.00 Filing Fee & cd Copy al copy is enclosed)	Certificate Certified C	Filing Fee, of Status & opy		
	New F Divisio P.O. B	iling Section on of Corporation ox 6327 assec, FL 32314	s		Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	isce t, Suite 810	TALLABAY CATORIDA SECRETA CATORIDA	2000 OCT 33 BH 4: 15	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	t Holdings, LLC			
(Must	contain the words "Limited I	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	cet address of the principal of	ffice of the Limited	l Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Add	ress:
	9145 Tibet Pointe Circle		9145 Tibet Pointe Circle	
Windermere, FI	. 34786		ndermere, FL 34786	
	Comiter Singe- B	man di Duessa TT	D.	
	Comiter, Singer, Base	eman & Braun, LL Name	P	
		Name	P	
	Comiter, Singer, Base 3825 PGA Blvd., Suit Florida street address	Name © 701		
	3825 PGA Blvd., Suit	Name © 701		<b>!</b>
	3825 PGA Blvd., Suit Florida street address	Name to 701 (P.O. Box <u>NOT</u> a	cceptable)	SEC TALL.
ace aesignated in this certific rther agree to comply with th	3825 PGA Blvd., Suit Florida street address  Palm Beach Gardens  City  red ugent and to accept service cate, I hereby accept the appoint provisions of all stanutes relies obligations of my positional.	Name  10: 701  (P.O. Box NOT at FL State  10: of process for the interest as registers at large to the proper	cceptable)  33410  Zip  above stated limited liabled agent and agree to act to and complete performances provided for in Chapter	in this capacity. [

ECKELL TE STATE

. . . .

Title: "AMBR" = Authorized Member "MGR" - Manager	Name and Address:	
MGR	David Rice	
	9145 Tibet Pointe Circle	
	Windermere, FL 34786	
		_
		_
		<del></del>
		_
(Use attachment if necessary)		
ove atmentinent in necessary)		
the date inscried in this block does no	of meet the applicable statutory filing requirements, this date will	wa* h.a.l
ient a effective date on the Departme	of meet the applicable statutory filing requirements, this date will ent of State's records.	
the date inserted in this block does no nent's effective date on the Departme EVI: Other provisions, if any.	of meet the applicable statutory filing requirements, this date will ent of State's records.	
EVI: Other provisions, if any.	ot meet the applicable statutory filing requirements, this date will ent of State's records.	
EVI: Other provisions, if any.	ent of State's records.	SCHOOL STANDS
EVI: Other provisions, if any.	ent of State's records.	ZUZENDY -
EVI: Other provisions, if any.	ent of State's records.	SCHOOL STATES
EVI: Other provisions, if any.  REOUIRED SIGNATURE:	member or an authorized representative of a member	20/21NDV -2 PH
EVI: Other provisions, if any.  BEOUIRED SIGNATURE:  Signature of a particular of the Department is executed as the Department	member or an authorized representative of a member.	20/23/NDV -2 PH 4:
Signature of a I This document is executed any ware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statistisse information submitted in a document to the Discount of the Control of the Cont	20/23/NDV -2 PH 4:
Signature of a This document is executed any factors that are	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Status, also information submitted in a document to the Department of Sisteree felony as provided for in s.817.155, F.S.	20/23 NJ - Z - PH 4: 1
Signature of a This document is executed any factors that are	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Status, also information submitted in a document to the Department of Signer felony as provided for in s.817.155, F.S. miter, Authorized Representative	20/23 NJ - Z - PH 4: 1
Signature of a This document is executed any factors that are	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Status, also information submitted in a document to the Department of Sisteree felony as provided for in s.817.155, F.S.	20/23 NJ - Z - PH 4: 1
Signature of a r This document is exect 1 am aware that any factors titutes a third degree.  Andrew R. Con	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Status, alse information submitted in a document to the Department of Six ree felony as provided for in s.817.155, F.S.  miter, Authorized Representative  Typed or printed name of signce	20/3NDV -2 PH 4: 17
Signature of a r  Signature of a r  This document is exect  am aware that any fa  constitutes a third degr  Andrew R. Cor  \$125.00 Filing Fee for Articles of O	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Status, alse information submitted in a document to the Department of Six ree felony as provided for in s.817.155, F.S.  miter, Authorized Representative  Typed or printed name of signce	20/3NDV -2 PH 4: 17
Signature of a r This document is exect 1 am aware that any factors titutes a third degree.  Andrew R. Con	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statumilse information submitted in a document to the Department of Six ree felony as provided for in s.817.155, F.S. miter, Authorized Representative  Typed or printed name of signce  Filling Fees: Organization and Designation of Registered Agent	20/3NDV -2 PH 4: 17
Signature of a range of the Department of the De	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statumilse information submitted in a document to the Department of Six ree felony as provided for in s.817.155, F.S. miter, Authorized Representative  Typed or printed name of signce  Filling Fees: Organization and Designation of Registered Agent	20/3NDV -2 PH 4: 17
Signature of a range of the Department of the De	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statumilse information submitted in a document to the Department of Six ree felony as provided for in s.817.155, F.S. miter, Authorized Representative  Typed or printed name of signce  Filling Fees: Organization and Designation of Registered Agent	20/3NDV -2 PH 4: 17
Signature of a range of the Department of the De	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statumilse information submitted in a document to the Department of Six ree felony as provided for in s.817.155, F.S. miter, Authorized Representative  Typed or printed name of signce  Filling Fees: Organization and Designation of Registered Agent	20/3NDY -Z PH 4-13
Signature of a reconstitute of the Department of	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statumilse information submitted in a document to the Department of Six ree felony as provided for in s.817.155, F.S. miter, Authorized Representative  Typed or printed name of signce  Filling Fees: Organization and Designation of Registered Agent	20/3NDY -Z PH 4.13