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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097

Phone

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Fax Number

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Email Address:

Support@flpatellaw.com

## FLORIDA LIMITED LIABILITY CO.

## Rahsegel Solutions Group, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

ARTICLES OF ORGANIZATION

FILED 2024 APR 16 AM 8: 31

**FOR** 

RAHSEGEL SOLUTIONS GROUP, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1.

The name of the Limited Liability Company is: Rahsegel Solutions Group, LLC (the "Company").

ARTICLE II.
Address

The principal office and mailing address of the Company is:

5342 Clark Rd #2014 Sarasota, Fl 34233

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC 360 Central Avenue Suite 800 St. Petersburg, FL 33701

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.

Vishva S Nandu (sign)
FLP RA Services LLC

## ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

| <u>Title</u>                              | Name and Address  |
|---|---|
| AMBR = Authorized Member<br>MGR = Manager |   |
| MGR                                       | Holger Arnold<br>5342 Clark Rd<br>#2014<br>Sarasota, FL 34233 |

## ARTICLE V.

| The Effective date shall be the date of f   | fili <b>n</b> g.                                   |                     |  |
|---|--|---------------------|--|
| <u> </u>  | (sign)   |                     |  |
| Signature of a member or an authorized representative. This document is executed in accordance with section 605.0203 of am aware that any false information submitted in a document to constitutes a third degree felony as provided for in s.8 | (1) (b), Florida Statutes. the Department of State |                     |  |
| Holger Arnold   |  |                     |  |
| Authorized Representative/Membe   | TĂLLAHASSEE, FLORIDA                               | 2024 APR 16 AM 8:31 |  |