# LIYOUOYIY814

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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## **Filing Cover Sheet**

To: Florida Division of Corporations		
From: LESLIE SELLERS C/O Capitol Services, Inc.		
Date: 10/22/2024		
Trans#: 1503273		
Entity Name: CARBONHOOD PARAME	TRIC ŁLĆ	
		202
Articles of Organization (XXX)	Amendment ( )	2024 ( 0.7 )
Articles of Dissolution ( )	Annual Report ( )	;
Conversion ( )	Fictitious Name ( )	: 47
Foreign Qualification ( )	Limited Liability ( )	7
Limited Partnership ( )	Merger ( )	
Reinstatement ( )	Withdrawal / Cancellatio	n ( )
Other ( )	Other ( ) Partnership Registration ( )	
STATE FEES PREPAID WITH CHECK # 424 = FOR	\$155.00 <i>A</i>	
PLEASE RETURN:		
Certified Copy (XXX) / Plain Stampe	d Copy ( )	
Good Standing ( ) Certificate of	Fact ( )	

Phone: 855-498-5500



## **Filing Cover Sheet**

Filling Cov	ver Sneet
To: Florida Division of Corporations	
From: LESLIE SELLERS C/O Capitol Services, Inc.	
Date: 10/22/2024	
Trans#: 1503273	
Entity Name: CARBONHOOD PARAM	IETRIC LLC
	Amendment ( )
Articles of Organization (XXX)	Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Conversion ( )	Fictitious Name ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement ( )	Withdrawal / Cancellation ( )
Other ( )	Partnership Registration ( )
STATE FEES PREPAID WITH CHECK #4241 FO	OR \$155.00
PLEASE RETURN:	
Certified Copy (XXX) Plain Stamp	ed Copy ( )
Good Standing ( ) Certificate o	f Fact ( )

515 E. Park Ave. 2<sup>nd</sup> FL Tallahassee, FL 32301

Phone: 855-498-5500

### **COVER LETTER**

	ew Filing Sectivision of Con				
SUBJECT		od Parametric LLC			
SUBSECT	•	Name	of Limited Lia	ability Company	
The enclose	ed Articles of	Organization and fee	(s) are submi	tted for filing.	
Please retu	rn all correspo	ondence concerning th	nis matter to t	he following:	
	Mark D. Bel	longia			
			Name	e of Person	[2]
	Practus, LLI	<b>3</b>			·
			Firm	/Company	
	332 S Michi	gan Ave			,
			A	ddress	
	Chicago, IL	60604			
	mark halongi	a@practus.com	City/State	e and Zip Code	
-			used for futu	re annual report notifica	ation)
For further in	nformation co	ncerning this matter,	please call:		
	Meredith Sal		682 at (	394-4609 )	
	Nam	ic of Person	Area Cod	e Daytime Telepho	one Number
Enclosed is	a check for t	he following amount:			
□\$125.00	Filing Fee	□\$130.00 Filing F Certificate of State	ıs Ce	\$155.00 Filing Fee & rtified Copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address Giling Section on of Corporations box 6327 assee, FL 32314		Street Address New Filing Section I The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

CarbonHood Parar			
(Must co	ntain the words "Limited Liabi	ility Company, '	"L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and street	address of the principal office	of the Limited	Liability Company is:
Princ	ipal Office Address:		Mailing Address:
633 NE 2ND AVE	NUE	633 i	NE 2ND AVENUE
		FOR	TIAIDEDDALE DE 22204
he Limited Liability Compa	gent, Registered Office, & Rony cannot serve as its own Reg	egistered Agen	
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	gent, Registered Office, & Rony cannot serve as its own Reg	egistered Agen	t's Signature:
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	egent, Registered Office, & Reny cannot serve as its own Regin active Florida registration.)  et address of the registered agent	egistered Agent istered Agent. Y	
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	egent, Registered Office, & Rong cannot serve as its own Regin active Florida registration.)	egistered Agent istered Agent. Y	t's Signature:
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	egent, Registered Office, & Reny cannot serve as its own Regin active Florida registration.)  et address of the registered agent	egistered Agent istered Agent. \ nt are: es, Inc.	t's Signature:
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	egent, Registered Office, & Reny cannot serve as its own Regin active Florida registration.)  et address of the registered agent Capitol Corporate Service Na	egistered Agent Stered Agent. Your are: es, Inc. me	t's Signature: 'ou must designate an individual o
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	egent, Registered Office, & Rony cannot serve as its own Regin active Florida registration.)  et address of the registered agent Capitol Corporate Service  Na  515 E. Park Avenue, 2nd	egistered Agent Stered Agent. Your are: es, Inc. me	t's Signature: 'ou must designate an individual o

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..

Kim Tadlock

Kim Tadlock, as Asst. Secretary on behalf of

Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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

Title:	Name and Address:	
	athorized Member	
"MGR" = Mar	падет	
AMBR	Dirk Ziemer	
	162 16 Street Apt 3a	
	Brooklyn NY, 11215	
<u>AMBR</u>	Marcus Schmalbach Beuerner Strasse 4a	
	76534 Baden-Baden Germany	
	7055 F Budon Budon Gorman,	
AMBR	Yani Wolf	
111-12-1	Neureutherstrasse 39	
	80798 Munich Germany	
	3,	
	nt if necessary)	
(If an effective date is little date of filing.)  Note: If the date insert	ed ate, if other than the date of filing: 10/21/2024 (OPTIONAL) (Sted, the date must be specific and cannot be more than five business days prior to or 90 days at ed in this block does not meet the applicable statutory filing requirements, this date will not be listed to date on the Department of State's records.	
ARTICLE VI: Other pr		
CarbonHood Parametri	cs LLC will be owned 51% by CarbonHood Funding LLC and 49% by Ryskex Inc.	
Board of Directors: Yar	ni Wolf = Chairperson; Marcus Schmalbach = COO; Dirk Ziemer = CEO	
REQUIRED	SIGNATURE:	
	Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
	Yani Wolf	
	Typed or printed name of signee	

as

### 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)