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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

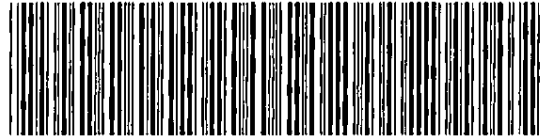
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/27/24--01006--024 **125.00



SHERRARD, GERMAN & KELLY, P.C.
— ATTORNEYS AT LAW —

Raymond M. Roberts
Senior Counsel
Direct Dial 412-258-6723
Email: raymond.roberts@sgkpc.com

Admitted in Pennsylvania and Ohio

December 19, 2024

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

In re: 5G'S RV INSPECTION AND SERVICE, LLC

Dear Sir or Madam:

Enclosed for filing on behalf of 5G'S RV INSPECTION AND SERVICE, LLC, are Articles of Organization. Also enclosed is our check in the amount of \$125.00 in payment of the filing fee.

Please call me at 412-258-6723 if you have any questions or require any additional information in order to perfect this filing.

Very truly yours,

Raymond M. Roberts

cc: Jamie Lessard w/enclosures via email: jamie.lessard@wolterskluwer.com

/rnr
Enclosures

4938-0030-5416, v. 1

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SG'S RV INSPECTION AND SERVICE, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raymond M. Roberts, Esq

Name of Person

Sherrard, German & Kelly, PC

Firm/Company

535 Smithfield Street, Suite 300

Address

Pittsburgh, PA 15222

City/State and Zip Code

raymond.roberts@sgkpc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Raymond M. Roberts, Esq.</u>	<u>412</u>	<u>258-6723</u>
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| ☒ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee &
Certificate of Status | ☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5G'S RV INSPECTION AND SERVICE, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

c/o Gregg Simmen
346 Willow Crossing Road
Greensburg, PA 15601

Mailing Address:

c/o Gregg Simmen
346 Willow Crossing Road
Greensburg, PA 15601

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

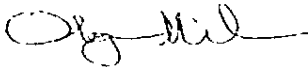
The name and the Florida street address of the registered agent are:

CT Corporation System
Name

1200 S Pine Island Rd #250
Florida street address (P.O. Box **NOT** acceptable)

<u>Plantation</u>	<u>FL</u>	<u>33324</u>
City	State	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)

(CONTINUED)

FILED
MAR 10 2011
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Gregg Simmen

346 Willow Crossing Road

Greensburg, PA 15601

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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.

Gregg Simmen, Member

Typed or printed name of signer

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)

FILED
JAN 11 2011
CLERK OF THE COURT
JAN 11 2011
CLERK OF THE COURT