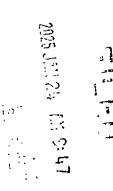
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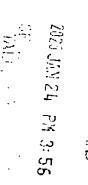
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RS GLOBAL Mai	ntenance LLC		_
Please Debit FCA	000000003 For:	125	 
Thank you Seth No	eeley		
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			Dissolution / Withdrawal
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			Fictitious Owner Search
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Requested by:			UCC 1 or 3 File
			UCC 11 Search
Name	Date	Time	UCC    Retrieval
Walk-In	Will Pick	. Up	Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

RS Global Maintenand	ce I.LC			
		Liability Compa	ny, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street ac	ddress of the principal c	office of the Lim	ited Liability Company is:	
<u>Princip</u> :	al Office Address:		Mailing Address:	
12000 Biscayne Blyc Suite 415	i		12000 Biscavne Blvd. Suite 415	<u> </u>
Miami, FL 33181			Miami, FL 33181	207
	The Benhayoun Lav	Name	<u> </u>	147
	Florida street addre		T accentable)	
	Miami	Fl.	33181	
	City	State	Zip	
lace designated in this certificate arther agree to comply with the pa	agent and to accept ser , I hereby accept the ap rovisions of all statutes	vice of process fo pointment as reg relating to the pi	or the above stated limited liability consistered agent and agree to act in this oper and complete performance of national gent as provided for in Chapter 605,	-capacity. 1 iy duties, and l
	Regi	stered Agent's S	ignature (REQUIRED)	

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

and a second control of the second	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
	RIVERA SAEZ, MARTIN	
MGR	12000 Biscayne Blyd., Suite 415	
	MIAMI, FL 33181	
		1:121
		::
	··	-
EV: Effective date, if other than	the date of filing: January 22, 2025 (OPTIONAL)	4.7
ective date is listed, the date mu of filing.) If the date inserted in this block do ment's effective date on the Dep	est be specific and cannot be more than five business days prior to oes not meet the applicable statutory filing requirements, this date w	or 90
EV: Effective date, if other than fective date is listed, the date mu of filing.)  f the date inserted in this block doment's effective date on the DepuLEVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document I am aware that	e of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Sta any false information submitted in a document to the Department of	or 90
EV: Effective date, if other than fective date is listed, the date mu of filing.)  If the date inserted in this block doment's effective date on the Depute VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document I am aware that constitutes a this	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Stany false information submitted in a document to the Department of rd degree felony as provided for in s.817.155, F.S.	or 90
EV: Effective date, if other than fective date is listed, the date mu of filing.)  If the date inserted in this block doment's effective date on the Depute VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document I am aware that constitutes a this	e of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Sta any false information submitted in a document to the Department of	or 90