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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

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

/mr

Enclosures

4938-0030-5416, v. 1

PERMATE

COVER LETTER

	New Filing Se Division of Co					
CUDIF		NSPECTION AND SERV	VICE, LLC			
SUBJECT: Name of Limited Liability Company						
The encle	osed Articles of	Organization and fee(s)	are submitted for filing.			
Please re	turn all corresp	ondence concerning this n	natter to the following:			
	Raymond M	. Roberts, Esq				
	<u></u>		Name of Person			
	Sherrard, Go	erman & Kelly, PC				
	Firm/Company					
	535 Smithfie	eld Street, Suite 300				
			Address			
	Pittsburgh, F	PA 15222				
	raymond.robe	erts@sgkpc.com	City/State and Zip Code			
			ed for future annual report notificat	ion)		
For further	information co	oncerning this matter, plea	se call:			
	the state of the s		258-6723			
			Area Code Daytime Telephor	ne Number		
Enclosed	is a check for t	he 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)		
	\$4 _995		Course & Adumer			

Mailing Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ECTION AND SERVICE, LI		 	
(Mus	t contain the words "Limited	Liability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and st	reet address of the principal o	flice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
c/o Gregg Simn	nen	c/o C	Gregg Simmen	
346 Willow Crossing Road		346	346 Willow Crossing Road	
Greensburg, PA	15601	Gree	Greensburg, PA 15601	
The Limited Liability Cor another business entity wit	d Agent, Registered Office, npany cannot serve as its own than active Florida registrationstreet address of the registered	Registered Agent. 'n.)	nt's Signature: You must designate an individual or	
(The Limited Liability Cor another business entity wit	npany cannot serve as its own th an active Florida registratio	Registered Agent. (n.) l agent are:		
(The Limited Liability Cor another business entity wit	npany cannot serve as its own th an active Florida registratio street address of the registered	Registered Agent. (n.) l agent are:		
(The Limited Liability Cor another business entity wit	npany cannot serve as its own th an active Florida registratio street address of the registered	Registered Agent. agent are: Mame		
(The Limited Liability Cor another business entity wit	npany cannot serve as its own than active Florida registration street address of the registered <u>CT Corporation Syste</u>	Registered Agent. I agent are: Mame 1 #250	You must designate an individual or	
(The Limited Liability Cor another business entity wit	npany cannot serve as its own th an active Florida registration street address of the registered CT Corporation System 1200 S Pine Island Re	Registered Agent. I agent are: Mame 1 #250	You must designate an individual or	
(The Limited Liability Cor another business entity wit	npany cannot serve as its own th an active Florida registratio	Registered Agent. 'n.)		
(The Limited Liability Cor another business entity wit	npany cannot serve as its own than active Florida registration street address of the registered CT Corporation Syste 1200 S Pine Island Ro Florida street address	Registered Agent. I agent are: m Name J #250 s (P.O. Box NOT ac	You must designate an individual or ceptable)	

(CONTINUED)

Registered Agent's Signature (REQUIRED)



ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Gregg Simmen 346 Willow Crossing Road Greensburg, PA 15601
(Use attachment if necessary)	
If an effective date is listed, the date must be the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Mi
This document is ex	member or an authorized representative of a member. ecuted 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 signee

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)