

The Tax Relief Co.

4055 Faber Place Drive Suite 110

North Charleston, SC 29405

Phone: (843) 566-9916 Fax: (843) 566-9976



December 8, 1999

Secretary of State  
Division of Incorporation  
P.O. Box 6327  
Tallahassee, FL 32314

RE: LLC Formation

Dear Sir,

Enclosed for filing please find an original and one (1) copy of the Articles of Organization in reference to the above-captioned matter. Please file and return the stamped copy back to me in the envelope provided. Also enclosed is a check in the amount of \$125 to cover the filing fees of the Articles.

If you have any questions or comments concerning this or any other matter, please do not hesitate to contact me at 1-843-566-9216.

Sincerely,

*Trish Welling*

Trish Welling, CSR

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\*\*\*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

L00-262

Name	<i>Trish Welling</i>
Address	<i>4055 Faber Place Drive Suite 110</i>
City	<i>North Charleston, SC</i>
State	<i>SC</i>
Zip	<i>29405</i>
Update	<i>OK</i>
Verify	<i>OK</i>
Approved	<i>OK</i>
Signature	<i>Trish Welling</i>

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I – Name

The name of the Limited Liability Company is: RUSTBUSTERS, LLC

## ARTICLE II – Address

The mailing address and street address of the principal office of the Limited Liability Company is: P.O. Box 6746 CR21  
Keystone Heights, FL 32656

## ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature:

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

Scott Morgan  
Name  
6746 CR 21  
Florida street address (P.O. Box NOT acceptable)  
Keystone Heights, FL 32656  
City, State, Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 608, F.S.*

  
Registered Agent's Signature

## ARTICLE IV – Management (Check box if applicable.)

[ X ] The Limited Liability Company is to be managed by one manager or more manager and is, therefore, a manager – managed company.

## ARTICLE V – Effective Date

The effective date for the establishment of this limited liability company is: January 1, 2000

*Scott B Morgan*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SCOTT MORGAN

Typed or printed name of signee

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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00 JAN -4 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA