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TO:

Registration Section

Division of Corporations
SUBJECT: Rhodes Scientific Analyses
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:
Gregory Lee Rhodes II
Name of Person
Rhodes Scientific Analyses
Firm/Company
162 Pine Hill Drive
. Address
DeFuniak Springs, FL 32435
City/State and Zip Code
rhodesanalyses@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gregory Lee Rhodes II at (850) 3331978
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Status}\$ \$155.00 Filing Fee & Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	E	[_]	Vя	m	e

The name of the Limited Liability Company is:

Rhodes Scientific Analyses, L.L.C.

(Must end with 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:	Mailing Address:
162 Pine Hill Drive	162 Pine Hill Drive
DeFuniak Springs, FL 32435	DeFuniak Springs, FL 32435

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:

Andrews & Davis, Attorneys At Law, L.L.C.

694 Baldwin Avenue, Suite 1

Florida street address (P.O. Box NOT acceptable)

DeFuniak Springs

. 32435

City, State, and 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 608, F.S..

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(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Gregory Lee Rhodes II	
	162 Pine Hill Drive	
	DeFuniak Springs, FL 32435	
		
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		<u> </u>
(Use attachment if necessary)		
	he date of filing: (OP	
fective date is listed, the date must	be specific and cannot be more than five busine	ess da

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. 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.)

Gregory Lee Rhodes II

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)