L140000000466

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Suren JAMON 2014



(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Recycling Rescue 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:

| Daniel Russell Tarvin |
|--|
| Name of Person |
| |
| Firm/Company |
| 13072 103rd AVE N |
| Address |
| Largo/FL 33774 |
| City/State and Zip Code |
| daniel@recyclingrescue.com |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Daniel Tarvin

...513

520-1310

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Recycling Rescue LLC (Must end with the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") | |
|---|--|------------------|
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company i | is: |
| Principal Office Address: | Mailing Address: | |
| 13072 103RD AVE N LARGO, FL 33774 | 13072 103RD AVE N LARGO, FL 33774 | |
| | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results. | ered Agent. You must designate an individual or another | |
| DANIEL TARVIN | | |
| Name | ASS | a wasa Atmont |
| 13072 103RD AVE N | | |
| Florida street add | (DOD NOTE OF CO | |
| LARGO, FLORIDA, 33774 | FL ATE | |
| City, Stat | te, and Zip | |
| liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete | ccept service of process for the above stated limit is certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with sistered agent as provided for in Chapter 608, F.S. | of h |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| <u>Title:</u> | Name and Address: |
|---|--|
| "MGR" = Manager | |
| "MGRM" = Managing Membe | r |
| MGR | DANIEL TARVIN |
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| LE V: Effective date, if other the | nan the date of filing: 01/01/2014 (OPTION e must be specific and cannot be more than five busin |
| LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE: | nan the date of filing: 01/01/2014 (OPTION e must be specific and cannot be more than five busin |
| LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with sectionstitutes an affirmation I am aware that any fals) | nan the date of filing: 01/01/2014 (OPTION e must be specific and cannot be more than five busining.) |
| LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with sectionstitutes an affirmation I am aware that any fals) | man the date of filing: 01/01/2014 (OPTION to must be specific and cannot be more than five busing.) member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State in formation as provided for in s.817.155, F.S.) VIN |
| LE V: Effective date, if other the frective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmation I am aware that any fals constitutes a third degree | man the date of filing: 01/01/2014 (OPTION to must be specific and cannot be more than five busing.) member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State to felony as provided for in s.817.155, F.S.) |