

L14000138812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

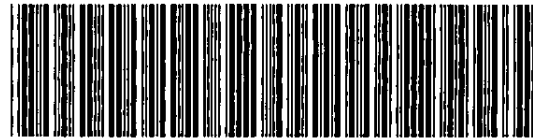
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/14--01015--001 **160.00

2014 SEP 11 14:15:17
14 AUG 28 AM 10:26
STANDARD TIME
FALLS CHURCH, VA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rust 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:

Mark A. Ossian, Esquire, Registered Agent

Name of Person

Park, Ossian, Barnaky & Park, P.A.

Firm/Company

2201 N.E. Coachman Road, Suite 200

Address

Clearwater, FL 33765

City/State and Zip Code

rustrescued@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert F. Keating

Name of Person

at (727) 817-0177

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:

Rust Rescue, LLC

(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:

10136 Highcrest Lane
New Port Richey, FL 34654

Mailing Address:

Post Office Box 908
New Port Richey, FL 34656

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:

Mark A. Ossian, Esquire

Name

2201 N.E. Coachman Road, Suite 200

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

Clearwater

City

FL 33765

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 605, F.S..

Mark A Ossian

Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 AUG 20 AM 10:24
FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Robert F. Keating
10136 Highcrest Lane
New Port Richey, FL 34654

AMBR

Teresa Phillios
10136 Highcrest Lane
New Port Richey, FL 34654

AMBR

Kevin Thornton
3410 Cincinnati Drive
Holiday, FL 34691

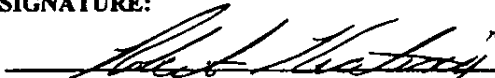
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: as of the date signed below. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), 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.)

Robert F. Keating, AMBR

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)

14 AUG 23 AM 10:24