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15 JUN 29 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE FL 32304

APPROVED  
AND  
FILED

114



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

Rare Earth Sciences LLC.

**SUBJECT:** \_\_\_\_\_  
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:

Michael Milano

\_\_\_\_\_  
Name of Person

Rare Earth Sciences LLC.

\_\_\_\_\_  
Firm/Company

7491 North Federal Hwy.  
Ste. C-5 196

\_\_\_\_\_  
Address

Boca Raton, Florida. 33487

\_\_\_\_\_  
City/State and Zip Code

mmilano@rareearthsciences.com

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

For further information concerning this matter, please call:

Michael Milano                      561 703 0040    same  
\_\_\_\_\_  
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**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
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ARTICLE I - Name:

The name of the Limited Liability Company is:

15 JUN 29 PM 4: 15

Rare Earth Sciences LLC.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(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:

816 Dover Street  
Boca Raton, Florida 33487

7491 North Federal Hwy.  
Ste. C-3 196  
Boca Raton, Florida 33487

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:

Michael Milano  
Name  
4856 Hawkwood Place  
Florida street address (P.O. Box **NOT** acceptable)  
Boynton Beach                      Florida                      33436  
City                      State                      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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)



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AND  
FILED

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company: **15 JUN 29 PM 4:15**

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Michael Milano

4856 Hawkwood Place

Boynton Beach, Florida 33436

AMBR

Andrew Lee

19317 SW 65 th Street

Ft. Lauderdale, Florida 33332

AMBR

Zhi Qiang, Liu

No.5, Lane 333, Chang Li Road East

Pudong, Shanghai, China

AMBR

Gang Li

No. 517, Lane 1288 Xin Song Road

Song Jiang, Shanghai, China

(Use attachment if necessary)

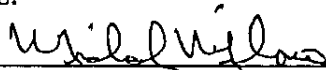
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


**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.)



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)