Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H16000177830 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: DAVID C. HASTINGS, CPA, PA

Account Number : I20000000168

Phone

: (727)322-0909

Fax Number

: (727) 322-0520

##EnterSthe email address for this business entity to be used for future annual report mailings. Enter only one email address please.** -

Email Address: RKNY2194 @ AOL LOW

FLORIDA LIMITED LIABILITY CO.

SALUBRIOUS CHEMICALS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2017 JUL

s. GILBERT

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Jul. 25. 2016 9:21AM

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No. 3823 P. 2

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IALLAHASSLE FLORIS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SALUBRIOUS CHEMICALS, 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:

<u>P</u>	rincipal Office Address:		Mailing Address:
350 39TH ST		SAN	ие
ST PETERSB	URG, FL 33713		
(The Limited Liability Co another business entity w	ith an active Florida registrations street address of the registered	Registered Agent. n,) agent are;	nt's Signature; You must designate an individual or
	DAVID C HASTING	SS CPA	· · · · · · · · · · · · · · · · · · ·
		Name	
	2207 54TH ST S		
	Plorida street address	(P.O. Box <u>NOT</u> a	cceptable)
	GULFPORT	FL	33707
	Cîty	State	7in

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 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H160001778303

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	DIGITA DD MAND
MGR	RICHARD KAYE 350 39TH ST N
	ST PETERSBURG, FL 33713
	51 PETERSBURG, PE 33713
-	
	
	
	
	•
	
(Use attachment if necessary)	
(Ose attachment it necessary)	•
LEV: Effective date, if other than the date of fil	ling: (OPTIONAL)
	and cannot be more than five business days prior to or 90 days after
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	, 11.10 ou 200 De 10.10 au 10
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Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

Filing Fees:

RICHARD KAYE

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