Electronic Articles of Organization
For
Florida Limited Liability Company

L18000078455
FILED 8:00 AM
March 27, 2018
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:

RLS RECOVERY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

9995 GATE PARKWAY NORTH
SUITE 330
JACKSONVILLE, FL. 32246

The mailing address of the Limited Liability Company is:

9995 GATE PARKWAY NORTH
SUITE 330
JACKSONVILLE, FL. 32246

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:

DAVID R REPASS
111 SOLANA ROAD
SUITE B
PONTE VEDRA BEACH, FL. 32082

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.

Registered Agent Signature: DAVID R REPASS

Article V

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The name and address of person(s) authorized to manage LLC:

Title: MGR
ROBERT L SMITH
9995 GATE PARKWAY NORTH SUITE 330
JACKSONVILLE, FL. 32246

Signature of member or an authorized representative

Electronic Signature: DAVID REPASS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.