

L180000 81408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

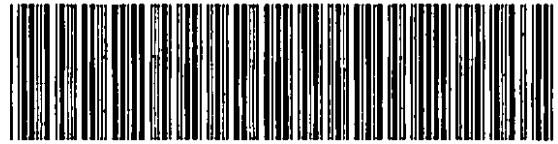
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Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

APR 3 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Rust Never Sleeps Architectural Salvage 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:

Jeffrey S Olson

Name of Person

Smith Smith & Associates Inc

Firm/Company

6249 Presidential Ct STE A

Address

Fort Myers, FL 33919

City/State and Zip Code

jeff@smithsmithassoc.com

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

For further information concerning this matter, please call:

Jeffrey S Olson

239

482-3573

at (_____) _____

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

Rust Never Sleeps Architectural **Salvage LLC**

March 27, 2018

To: Florida Division of Corporations

Re: Rust Never Sleeps Architectural Salvage LLC Dissolution Filing

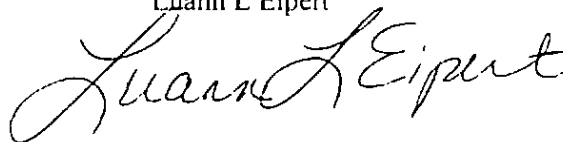
This letter serves as confirmation that we will not revoke the dissolution of our company Rust Never Sleeps Architectural Salvage LLC document number L16000187136. This name will be available since we are selling the company assets to Jeffrey S Olson, Kelly J Olson, and Matthew Fabian. They will be submitting new articles of organization to obtain the name and new EIN number.

Sincerely,

Gerhard J Eipert



Luann L Eipert



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rust Never Sleeps Architectural Salvage LLC

(Must contain 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:

1922 Evans Ave

1405 Linhart Ave

Suite A

Fort Myers, FL 33901

Fort Myers, FL 33901

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:

Jeffrey S Olson

Name

6249 Presidential Ct STE A

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

Fort Myers

FL

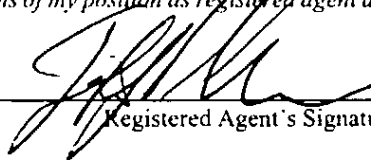
33919

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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TALLAHASSEE, FLORIDA

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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:

Kelly J Olson

1405 Linhart Ave

Fort Myers, FL 33901

AMBR

Jeffrey S Olson

1405 Linhart Ave

Fort Myers, FL 33901

AMBR

Matthew M Fabian

1405 Linhart Ave

Fort Myers, FL 33901

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: April 1, 2018 (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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Kelly J Olson

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)

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FLORIDA