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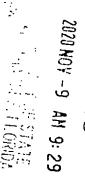
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# **COVER LETTER**

TO: **New Filing Section** Division of Corporations

# SUBJECT: Excellence Scientific, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael R Moses

Stajac Industries, Inc.

500 S Falkenburg Rd, Suite 200

Tampa, FL 33619

Email: mike@excellenceindustries.com

Phone: 813-870-0340 x117

Enclosed is a check for the following amount:

□ \$125.00 Filling Fee

XX \$130.00 Filing Fee & Certificate of Status

Certified Copy

^\$155.00 Filing Fee &

(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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: Excellence Scientific, LLC,

#### ARTICLE II - Address:

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

Excellence Scientific, LLC 500 S Falkenburg Rd, Suite 200 Tampa, FL 33619

# 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 R Moses Excellence Scientific, LLC 500 S Falkenburg Rd. Suite 200 Tampa, FL 33619 2020 HOY -9 AM 9: 29

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)

### ARTICLE IV-

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

Title:MGR Stajac Industries, Inc. 500 S. Falkenburg Rd. Suite 200 Tampa, FL 33619

ARTICLE V: Effective date, if other than the date of filing: 11/03/2020.

<u>Note:</u> 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.

Darrell Dahl, President Stajac Industries, Inc.

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)