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# COVER LETTER

Division of Corporations
SUBJECT: SC Rheology, 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:
Steven M. Colo
Name of Person
50 Rheology, LLC
Firm/Company
24367 Capana Rd.
Address
Punta Gorda, FL 33955
Punta Gorda, FL 33955 5mc@scrheology, com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven M. Colon 978 394-2131
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
X\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □\$155.00 Filing Fee Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO: New Filing Section

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

ARTICL	ÆΙ	- Na	me
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The name of the Limited Liability Company is:

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
24367 Cabana Rd.	24367 Capana Rd.
Punta Gorda, FL	Punta Gorda, FL
LE III - Registered Agent, Registered Office, & Register	ed Agent's Signature: 35955

ARTIC

(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:

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)

# ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Steven M. Colo 24367 Capana Rd. Punta Gorda, Fl 53955
	20 NOV 17 PM
(Use attachment if necessary)	2: 37 治治::: A
the date of filing.)	cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed a
This document is execute	mber or an authorized representative of a member. ad in accordance with section 605.0203 (1) (b). Florida Statutes.
l am aware that any false constitutes a third degree	felony as provided for in s.817.155. F.S.  Typed or printed name of signee

<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)