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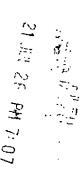
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July 27, 2021

MARK EVAN SEYBOTH 6612 PINEYWOOD FL TALLAHASSEE, FL 32305

SUBJECT: RUG RATS LLC Ref. Number: W21000105888

We have received your document for RUG RATS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Alannah M Carranza Regulatory Specialist II New Filings

Letter Number: 421A00017593

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Rug Rate LUC 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:
Mark Evan Seyboth
Firm/Company
6612 Pineywood frl Address
Tallahassee, Fl. 32305 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Say Lothat (450) (666-211) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee US130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □S160.00 Filing Fee. 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

ARTICI	JE I -	Name:
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The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.E.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:
Jallahass FT 32305	1612 Pineywooded Tallahassele F1 32305

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:

MAD K Seybodh

Name

6612 Pirrey Wood to 1

Florida street address (P.O. Hox NOT acceptable)

Talahassee F1. 32305

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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGCR	Mark Seyboth 106(2 Piney wood to) Tallahasser Fl 32305
the date of filing.)	of filing: 7-22-21. (OPTIONAL) 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 as f State's records.
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE: Mark	E. Sey/all
This document is execute I am aware that any false i	other or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

Filing Fees:

MAPK F. Sey both
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)