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(Requestor's Name)
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 143717 AUTHORIZATION : COST LIMIT : \$ 160.00 ORDER DATE: October 19, 2021 ORDER TIME : 2:54 PM ORDER NO. : 143717-005 CUSTOMER NO: 8332713 DOMESTIC FILING NAME: UTILITY RANGER, LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP XX ___ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Section Division of Corporations				
	Utility	Ranger, LLC			
SUBJI	ECT:				
		Name of Lin	nited Liabili	y Company	
The en	iclosed Articles of	Organization and fee(s) are	e submitted	for filing.	
Please	return all correspond	ondence concerning this ma	itter to the fo	ollowing:	
	Katie Mo	nasmith			
			Name of	Person	
	10x Incu	bator	7.44	013011	
			Firm/Cor	nnany	
	18909 NE	29th Ave	, , , , , ,		
			Addre	ss .	
	Aventura	, FL 33180			
	katie.mona	C smith@10xincubator.c	ity/State and	Zip Code	
		E-mail address: (to be used	for future a	mual report notificati	ion)
For furth	ner information co	ncerning this matter, please	call:		
01 14111	Katie Mor			995-1229	
)	
	Nam			Daytime Telephon	
Enclos	ed is a check for t	he following amount:			
		□\$130.00 Filing Fee & Certificate of Status	Certifie		⊠\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ag Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha (415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Utility Ranger, LLC	
(Must conatin the words "Limited Liabil	lity 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:
Principal Office Address: 18909 NE 29th Ave	Mailing Address: 18909 NE 29th Ave
18909 NE 29th Ave	18909 NE 29th Ave
18909 NE 29th Ave	18909 NE 29th Ave Aventura, FL 33180

Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

State

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..

Corporation Service Company

City

egistered Agent's Signature (REQUIRED

(CONTINUED)

2621 BCT 22 AM 11: 2:

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
	Authorized Member
"MGR" = M	anager
<u>MGR</u>	Jared Yellin 18909 NE 29th Ave
	Aventura, FL, 33180
MGR	
	PO Box 2505
	Ranchero Santa Fe. CA 92067
<u></u>	
(Use attachn	nent if necessary)
ARTICLE V: Effecti	ve date, if other than the date of filing:
(if an effective date is the date of filing.)	instea, the date must be specific and cannot be more than five business days prior to or 90 days after
	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ive date on the Department of State's records.
ADDICE CALL OF	
ARTICLE VI: Other	provisions, if any.
REOUIREI	2 SIGNATURE:
	Jared Yellin
	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.
	Jared Yellin Typed or printed name of signee
	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)



Tiffany Mittal
Utility Ranger, Inc.
PO Box 2505
Rancho Santa Fe, CA 92067

To whom it may concern,

Utility Ranger, Inc. a Florida Corporation hereby gives consent for use of the name, Utility Ranger, LLC, a Florida Limited Liability Company. This consent is given by Tiffany Mittal, Officer of Utility Ranger, Inc. Please feel free to contact me with any questions.

Regards,

Tiffany Mittal

CEO, President

Utility Ranger, Inc.

(760) 803-7514

SECRETAL OF STATE

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