

8/26/22, 10:10 AM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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Fax Number : (850)617-6381

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: C.WALKER@RUGGEDCITYSERVICES.LLC

2022 AUG 26 AM 7:00
FILED
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
FRANZIS VIDEO

FLORIDA LIMITED LIABILITY CO.

Rugged City Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

T. SCOTT

AUG 29 2022

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H22000289261

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Rugged City Services, LLC

(Must end with 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:**15050 Elderberry Lane, Ste 6v-34
Fort Myers, FL 339071919 Lemona Avenue
Lehigh Acres, FL 33972**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:

Registered Agents Inc

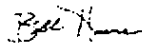
Name

7901 4th Street N, Ste 300Florida street address (P.O. Box **NOT** acceptable)St. Petersburg FL 33702

City

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)

Registered Agents Inc

(CONTINUED)

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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

AMBRAMBR**Name and Address:**Cornelius Walker15050 Elderberry Lane, Ste 6v-34Fort Myers, FL 33907Jacqueline Griffin15050 Elderberry Lane, Ste 6v-34Fort Myers, FL 33907

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Cornelius Walker

Typed or printed name of signee