

L23000141781

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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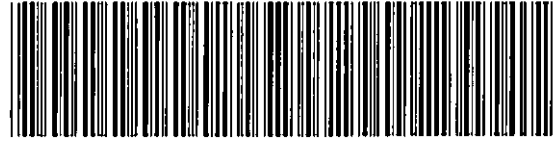
(Business Entity Name)

(Document Number)

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S. CHATHAM
MAR 29 2023

03/28/23--01003--008 **125.00

FILED
2023 MAR 28 PM 3:20
RECEIVED
2023 MAR 28 PM 12:24
STATE OF MASSACHUSETTS
CLERK OF THE SUPERIOR COURT

COVER LETTER

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

SUBJECT: NATIONAL SALVAGE & SERVICE CORPORATION OF LIBERTY COUNTY, 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:

STACY SMALL

Name of Person

SMITH THOMPSON SHAW

Firm/Company

3520 THOMASVILLE ROAD - 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STACY SMALL

850

893-4105

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(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 OF NATIONAL SALVAGE & SERVICE OF LIBERTY COUNTY, LLC

FILED
2023 MAR 28 PM 3:20
SECRETARY OF STATE
FLORIDA

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **NATIONAL SALVAGE & SERVICE OF LIBERTY COUNTY, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **ADDRESSES OF COMPANY.**

MAILING ADDRESS: The mailing address of the Company is **c/o Tim Rushenberg, P.O. Box 300, Clear Creek, In 47426**. Such address may be changed from time to time as provided in the Operating Agreement.

PRINCIPAL PLACE OF BUSINESS: The principal place business of the Company is **c/o Frank Shaw, III, 3520 Thomasville Road, 4th Floor, Tallahassee, FL 32309**.

Such addresses may be changed from time to time as provided in the Operating Agreement.

5. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **Frank S. Shaw, III;** located at **3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309**.

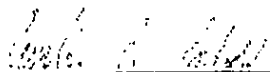
6. **MANAGEMENT.**

The names and addresses of the persons authorized to manage and control the Limited Liability Company are as follows:

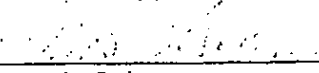
Curtis Schopp
c/o Tim Rushenberg
P.O. Box 300
Clear Creek, IN 47426

Victoria Schopp
c/o Tim Rushenberg
P.O. Box 300
Clear Creek, IN 47426

EXECUTED at Clear Creek, Indiana this 27th day of December, 2022.



Curtis Schopp



Victoria Schopp

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2023 MAR 28 PM 3:20
SECRETARY OF STATE
INDIANA

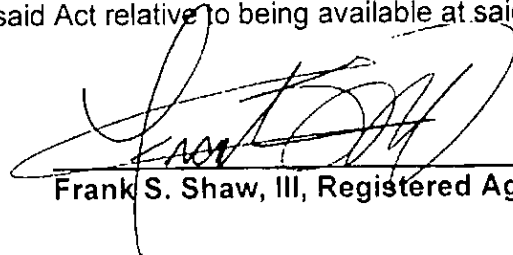
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **NATIONAL SALVAGE & SERVICE OF LIBERTY COUNTY, LLC.**
2. The name of the registered agent and office is: **FRANK S. SHAW, III, 3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309.**

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.


Frank S. Shaw, III, Registered Agent

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2023 MAR 28 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA