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## CAPITAL CONNECTION, INC.

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Rust-Tech Growth Fund LLC	<del></del> '
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
Stoj	Art of Inc. File  LTD Partnership File  Foreign Corp. File
	L.C. File 202
	Fictitious Name File
	(.)
	Merger File 1
	Art. of Amend. File 3
	RA Resignation
	Dissolution / Withdrawa) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
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Name Date time	UCC 11 Retrieval

		(	COVER LET	TER			
	iew Filing Se Division of Co						
SUBJECT		Growth Fund LLC					
	·	Name of	Limited Liabi	lity Company		_	
The enclos	sed Articles of	f Organization and fee(s)	are submitte	d for filing.			
Please retu	ırıı all corresp	ondence concerning this	matter to the	following:			
	YARDEN I	MICHAEL					
			Name o	f Person			-
			Firm/Co	ompany			_
	155 E BOC	A RATON RD UNIT 52	.4				
		-	Add	ress			202 <sub>1</sub>
	BOCA RAT	ON, FL 33432				•	2024 , 1111
			City/State as	nd Zip Code		<del></del>	_; 
	YMICHAEL	<u>@HMGROUPLLP.CON</u>	.1 			Š.	eje a
	ŀ	E-mail address: (to be us	ed for future	annual report notificat	tion)	(1) (1)	:
For further is	n formation co	ncerning this matter, ple	ase call:				9: <u>"</u>
	YARDEN L.		847	772-9218		( .	~.1
	Nam	e of Person	Area Code	Daytime Telephor	ie Number		
Enclosed is	a check for th	he following amount:					
<b>■</b> \$125.00	Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & led Copy al copy is enclosed)	□\$160.00 Certificate Certified C (additional co	of Status opy	Ŀ

Mailing Address
New Filing Section
Division of Corporations

Street Address New Filing Section Division The Centre of Tallahassee

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is;	
Rust-Tech Growth Fund LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office  Principal Office Address:	
Trincipal Office Address:	Mailing Address:
155 E BOCA RATON RD UNIT 524	155 E BOCA RATON RD UNIT 524
BOCA RATON, FL 33432	BOCA RATON, FL 33432
ARTICLE III - Registered Agent, Registered Office, & Re	700101011011, 11:33432

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:

YARDEN L. MICHA	NEL	
	Name	
155 E BOCA RATO	N RD UNIT 524	
Florida street address	s (P.O. Box <u><b>NOT</b></u> ac	cceptable)
BOCA RATON	FL	33432
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. In further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.<sup>2</sup>

Garden Michael

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	YARDEN L. MICHAEL 155 E BOCA RATON RD UNIT 524 BOCA RATON, FL 33432
	792
(Use attachment if necessary)	of filing: 7/31/2024 (OPTIONAL) 1.7
n effective date is listed, the date must be spe late of filing.)	ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be lis
TCLE VI: Other provisions, if any.	of State's records.
BPARINEN CLAN (2007)	
REOUIRED SIGNATURE:	den Michael

Typed or printed name of signee

YARDEN L. MICHAEL