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(R	equestor's Name)	····
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Rust Doctors FL	LLC	· ····	
Please Debit FCA	000000003 For: 130	2024 C.C	
Thank you Seth N	leelev	3 7	
Stoff	/	Art of Inc. File	****
		Foreign Corp. File	250
		L.C. File	
		Fictitious Name File	
		Trade/Service Mark	
		Merger File	
		Art, of Amend, File	
		RA Resignation	
		Dissolution / Withdrawal	
		Annual Report / Reinstatement	
		Cert. Copy	
		Photo Copy	
		Certificate of Good Standing	
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		Certificate of Fictitious Name	
		Corp Record Search	
1 /		Officer Search	
4	7/	Fictitious Search	
Signature	<u> </u>	Fictitious Owner Search	
		Vehicle Search	
	 	Driving Record	
Requested by:		UCC 1 or 3 File	
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		UCC II Retrieval	
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COVER LETTER

	ew Filing Sectivision of Co						
SUBJECT		ors FL LLC					
		Name of Lin	nited Liabi	lity Company		_	
The enclos	ed Articles of	Organization and fee(s) are	e submitted	d for filing.			
Please retu	ırn all correspo	ondence concerning this ma	itter to the	following:			
	Gregory Mi	tchell, Esquire					
			Name of	f Person			2021
	Lorium PLI	.C					2024 057 -2
			Firm/Co	отралу	-	·	~ <u>~</u>
	197 South F	ederal Highway, Suite 200				; <i>n</i>	<u>=</u> :
			Addı	ress		15	∰ 9: 4:
	Boca Raton,	FL 33432				Fil	7
	BocaFilings@	C LoriumLaw.com	ity/State ar	nd Zip Code			
		E-mail address: (to be used	for future:	annual report notificati	on)		
For further i	nformation co	ncerning this matter, please	call:				
	Gregory Mite	chell, Esquire 56		361-1000			
	Nam	e of Person A	rea Code	Daytime Telephon	e Number	_	
Enclosed is	s a check for t	he following amount:					
□ \$1 25.00	Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ied Copy is enclosed)	□\$160.00 Certificat Certified (additional o	e of Statu Copy	ıs &
	New F Divisio P.O. B	iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(M)	ust contain the words "Limited Liabi	ity Company, "L.L.C.," or "LLC.")	
RTICLE II - Address he mailing address and		of the Limited Liability Company is:	
<u>1</u>	Principal Office Address:	Mailing Addr	<u>ess</u> :
102 NE 2nd 9	Street, Unit 155	102 NE 2nd Street, Unit 155	
104 110 410 4			
Boca Raton, RTICLE III - Registe The Limited Liability Countries business entity was	FL 33432 red Agent, Registered Office, & R	stered Agent. You must designate an inc	fividual or
Boca Raton, RTICLE III - Registe The Limited Liability Countries business entity was	red Agent, Registered Office, & Rompany cannot serve as its own Register an active Florida registration.) a street address of the registered age Lorium PLLC	gistered Agent's Signature: stered Agent. You must designate an inc	:
Boca Raton, RTICLE III - Registe The Limited Liability Countries business entity was	red Agent, Registered Office, & Rompany cannot serve as its own Register an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an inc	:
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Rust Doctor FL LLC (A Delaware Limited Liability Company)
MGR	102 NE 2nd Street, Unit 155
	Boca Raton, FL 33432
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	20
	124
	<u> </u>
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(Use attachment if necessary)	
T. V. Effective data if other than the d	ate of filing: (OPTIONAL).
ffective date is listed, the date must be	ate of filing: (OPTIONAL) ; specific and cannot be more than five business days prior to or 90 days a
e of filing.)	·
If the date inserted in this block does no cument's effective date on the Departme	of meet the applicable statutory filing requirements, this date will not be listed
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LE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	<i>e</i> ///
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Filing Fees:

Gregory Mitchell, Esquire
Typed or printed name of signee