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COVER LETTER

	vision of C	Section orporations		
SUBJECT:	Envi	irobasic, LLC		
		Name of Li	mited Liability Company	
The enclose	ed Articles o	of Organization and fee(s) a	re submitted for filing.	
Please retur	n all corres	pondence concerning this m	natter to the following:	
	Ge	orge C. Brooks		
			Name of Person	
	En	virobasic, LLC		
			Firm/Company	
	400	00 State Road 60 East		
			Address	
•	M	lulberry, FL 33860-7958		
	,	(City/State and Zip Code	
_	Isu	ggett@pennpro.net		
		E-mail address: (to be used	for future annual report notificat	ion)
For further in	formation c	oncerning this matter, pleas	ee call:	
	George	C. Brooks at (863 , 512-0764	
_	Nai	me of Person A	Area Code Daytime Telephon	ne Number
Enclosed is	a check for	the following amount:		
\$125.00 Fil	ing 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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE The name of	I - Name: of the Limited Liabili	ty Company is:			
	Envirobasi	c, LLC			
	(Must end	with the words "Limited	Liability Cor	npany, "L.L.C.," or "LLC.")	
	II - Address: g address and street a	ddress of the principal of	fice of the Li	mited Liability Company is:	
	<u>Princip</u>	al Office Address:		Mailing Ac	ldress:
	4000 State Road	d 60 East		4000 State Road 60 E	ast
	Mulberry, FL 33			Mulberry, FL 33860-7	958
The name a	and the Florida street	address of the registered George C. Brod	oks		
			Name		
		4000 State Roa			
		Florida street address	(P.O. Box <u>N</u>	OT acceptable)	
		Mulberry	FL	33860-7958	
		City	State	Zip	
olace design further agree	ated in this certificate to comply with the p	. I hereby accept the apportion of all statutes resolutions of all statutes resolutions of my position a	intment as re lating to the p is registered o	for the above stated limited lingistered agent and agree to a proper and complete performingent as provided for in Chap Signature (REQUIRED)	ict in this capacity. I ance of my duties, and I
			Page 1 of		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

SECRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	George C. Brooks
	4000 State Road 60 East
	Mulberry, FL 33860-7958
· · · · ·	
	
(Use attachment if necessary)	
ective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 da of meet the applicable statutory filing requirements, this date will not be
of filing.)	specific and cannot be more than five business days prior to or 90 days prior to or 90 days the applicable statutory filing requirements, this date will not be ent of State's records.
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