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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
		
Special Instructions to	Filing Officer:	
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* TRANSMITTAL LETTER

STDE	ET ADDDESS.	MAILING A	nnpree.		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filin Certificate of Sta Certified Copy (additional copy is e	tus &	
Enclosed is a check fo	r the following amount:				
(Name	of Person)	(Area Code & Daytime Te	elephone Number)		
BRENT I		at (863) 610-3	301 🗐)9	
For further information o	concerning this matter, please o	caii:	<u> </u>	52	مارد. مارد
For Conther in Commention		11.		2	1
<u> </u>		State and Zip Code)	NSS A	313	
OK	EECHOBEE, FL.	34974		04 DEC 13 PH12: 09	<u>.</u> و
		(Address)	A	9	
306	SW 11th AVE.	(Address)			
	1				
	(F	irm/Company)			
ENVIR	o-Tect, L.C.C.				
	(N	ame of Person)			
	BOOT D. MAGN	ame of Person)	·		
_	ondence concerning this matter	-			
	Organization and fee(s) are su	-			
SUBJECT:ヒハ		Liability Company)		-	
EN	IVIRO-TECH, L.L.	C.			
TO: Registration Sec Division of Corp			: '		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	/ is:
ENVIRO-TECH, L.L.C	<i>y•</i>
	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
306 SW 11TH AVE. OVEECHOBEE, FLORIDA 34974	OVERCHOBERS FLORINA
ARTICLE III - Registered Agent, Register	ered Office, & Registered Agent's Signature:

SW 11TH AVE.

Florida street address (P.O. Box <u>NOT</u> acceptable)

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 neglistered agent as provided for in Chapter 608, F.S..

> Registered Agent s Signature

> > (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	BRENT D. WAGEE 306 SW 1171+ AVE OKEECHOBEE FL. 34974
MGRM	MIKE PATLIFF 5009 SE HAND TRACE OKEECHOREE 34974
	<u> </u>
	,
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
(In accordance with section	an authorized representative of a member at 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjuty in are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)