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SECRETARY OF STATE ALLAMASSEE, FLORIDA

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 : (516)935~3088 Fax Number

## LIMITED LIABILITY COMPANY

Big Sky Environmental Solutions, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR

## FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name	Tr. Cl. T
The name of the Limited Liability Comp	any is: Big Sky Environmental Solutions, LEC2 All: 48
ARTICLE II - Address The mailing address and street address of	SECRETARY UF STATE TALL AHASSEE, FLORIDA TALL AHASSEE, FLORIDA
Principal Office Address:	Mailing Address:
630 US Highway One, Suite 402	630 US Highway One, Suite 402
North Palm Beach, FL 33408	North Palm Beach, KL 33408
ARTICLE III - Registered Ager The name and Florida street address of the	nt, Registered Office & Registered Agent's Signature he registered agent are:  George Vincent  Name
	6238 Riverwalk Lane #8
•	(P.O. Box or Mail Drop Box NOT Acceptable)
-	Jupiter, FL 33458 (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. 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 registered agent as provided for in Chapter 608, E.S.

ristered Agent's Signature - George Vincent

ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager 2005 MAY 12 A 11: 48 "MGRM" = Managing Member Amy Liposky Vincent-6238 Riverwalk Lane #8, Jupiter, FL 33458 DETE MGRM TALLAHASSEE George L. Vincent-6238 Riverwalk Lane #8, Jupiter, FL 33458 MGRM Roger B. Wozniak- 14 Hickory Hill Road, Tequesta, FL 33469 MGRM (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Amy Liposky Vincent

Typed or printed name of signee