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SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORALITION

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## TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT:	ECOSYSTE (Name of Limited	MS LLC (Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Keith	HAIUSKA Jame of Person)	91-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	ELOSYST	EMS, LLC	
1352	3 5TH A	E N.E.	
4	BRADENTON,	PC 342 State and Zip Code)	212
For further information of	concerning this matter, please of	call:	
KEITH H	HUSKA of Person)	at (941) 746 (Area Code & Daytime T	-8397 Telephone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing 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)

### STREET ADDRESS:

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

### MAILING ADDRESS:

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:	
ECOSYSTEMS, LI	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
BLADENTON, FL 34212	BRADENZON, RE ZYZIZ
ARTICLE III - Registered Agent, Registered	Ju Sings
The name and the Florida street address of the re	gistered agent are:
KEITH HAL	SKA - 32
Name	
	ess (P.O. Box NOT acceptable)
BRADENTON	FL 34212

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, F.S..

Registered Agent's Signature

City, State, and Zip

(CONTINUED)

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGKM	KETTH HAWEKA 13523 STH AVE N.E. BLANGWITH, FL ZUZIZ TELLY L. SEMLOW 3508 WEST 5700 SOUTH
(Use attachment if necessary)	
,	e added if an effective date is requested.

Signature of a member or an 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.)

Typed or printed name of signee

Filing Fees:

**REQUIRED SIGNATURE:** 

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

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

DIVISION OF CORPORATE