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| (Re | equestor's Name) | |
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| (Ci | ty/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Nam | ne) |
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| Certified Copies | _ Certificates | of Status |
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TRANSMITTAL LETTER

| TO: Registration Se Division of Co | | | |
|---------------------------------------|---|--|---|
| SUBJECT: Florida E | nvironmental Defense Syste | ems, LLC | |
| | | d Liability Company) | |
| | | | |
| The enclosed Articles of | f Organization and fee(s) are so | ubmitted for filing. | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| | | | |
| Kevin Je | an McKinley, Esq. | 7 | |
| | (1) | Name of Person) | |
| | | | |
| Kevin Jean McKinley | y, P.A. | | |
| | | Firm/Company) | |
| | | | |
| 4020 Pipalia | Cirola Suita #510 | | |
| 4020 Pillella | Circle, Suite #510 | (Address) | |
| | | , | |
| | | | |
| <u>Palm</u> | Beach Gardens, FL 33410 | | |
| • | (City/ | State and Zip Code) | |
| | | 41 | |
| For further information | concerning this matter, please | cail: | |
| Martin Inan Maldinlar | F | 775 9601 | |
| Kevin Jean McKinley, (Name | of Person) | at (561) 775-8601 (Area Code & Daytime Te | elephone Number) |
| ` | • | (1 11 11 11 11 11 11 11 11 11 11 11 11 1 | , |
| Enclosed is a check for | or 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: | : | |
|--|--|---|
| Florida Environmental Defense Systems, LLC | | |
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liab | ility Company is: |
| Principal Office Address: | Mailing Address: | |
| 422-C North Cypress Drive Tequesta, FL 33469 | 422-C North Cypress Drive Tequesta, FL 33469 | |
| ARTICLE III - Registered Agent, Registered | d Office, & Registered Agent's S | lignature: |
| The name and the Florida street address of the | registered agent are: | |
| Kevin Jean McKinley, Esq. | | |
| Name | | |
| 4020 Pinella Circle, Suite #51 | | |
| | dress (P.O. Box NOT acceptable) | |
| Palm Beach Gardens, FL 334 City, State, | | |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as region as Registered Agent? | this certificate, I hereby accept the ty. I further agree to comply with the erformance of my duties, and I am j istered agent as provided for in Cha | appointment as he provisions of all familiar with and |
| (CONTIN | IUED) | 温 多 回 |

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: | |
|--|--|--|
| "MGR" = Manager "MGRM" = Managing Member | | |
| Widney Wallaging Welliot | | |
| MGMR | Jeff McKinley | |
| | 422-C North Cypress Drive | |
| | Tequesta, FL 33469 | |
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| (Use attachment if necessary) | | |
| NOTE: An additional article must | ge added if an effective date is requested. | |
| REQUIRED SIGNATURE: | | |
| V | X///////////////////////////////////// | |
| Signature of a member | by an authorized representative of a member. | |
| 17 | tion 608.408(3), Florida Statutes, the execution | |
| of this document constit that the facts stated he | utes an affirmation under the penalties of perjury | |
| Jeff McKinley | | |
| Тур | ed or printed name of signee | |
| Filing Fees: | ÷ | |
| \$125.00 Filing Fee for Articles of Organ | ization and Designation | |

Page 2 of 2

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