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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	•
SUBJECT: Barain Training (Name of Line	ash and Debris Removal, L
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Cocil Antho	Name of PersonX
Bargin Trash	and Debris Remaral, LLC
7312 Ednita's	S Way (Address)
Tallahassee,	FL. 32818  City/State and Zip Code)
For further information concerning this matter, ple	F-S TO
Cecil Boole (Name of Person)	at (401) 182 · 0324 (C)  (Area Code & Daytime Telephone Number)  (401) 521 · 0438 (H)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee Certificate of Status	& \$\sum \\$155.00 \text{ Filing Fee & } \$\sum \\$160.00 \text{ Filing Fee,} \$\text{Certified Copy } \$\text{Certificate of Status & } \$\text{Certified Copy } \$\text{(additional copy is enclosed)}\$
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITY EGYILANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ALL SEE
Barain Trash and Debarred (Must end with the words "Limited Liability Company, "Limited Company," Limited Company, "Limited Company, "Limited Company," Limited Company, "Limited Company," Limited Company, "Limited Company," Limited Company, "Limited Company, "Limited Company," Limited Company, "Limited Company, "Limi	mpany" or their abbreviation "LLE," or "L.C.,"
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is:
Principal Office Address: M	ailing Address:
7312 Ednita's Way Orlando, FL. 328181	1312 Ednita's Way Orlando, FL. 32818
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered abusiness entity with an active Florida registration.)	ice, & Registered Agent's Signature: Agent. You must designate an individual or another
The name and the Florida street address of the regist	cered agent are:  Coloforfol
7312 Ednitas	Way
Florida street address	(P.O. Box NOT acceptable)
City, State, and Z	<u>528   8</u>
Having been named as registered agent and to acceptiability company at the place designated in this cregistered agent and agree to act in this capacity. It statutes relating to the proper and complete perform accept the obligations of my position as registere	ertificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

Name and Address:
Cocil Anthony Boyle
N/A PSE 8
N/A ASSET
PH 12: 24  NA  PH 12: 24
_

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

 $A^{\prime}$ 

Typed or printed name of signee

Filing Fees:

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

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)