## 00000174802

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dadinoss Energy raino)				
(Document Number)				
Certified Copies Certificates of Status				
•				
Special Instructions to Filing Officer:				

Office Use Only



800077644518

07/28/06--01011--007 \*\*160.00

FILED
06 JUL 28 AM 10: 37

06 JUL 28 AM 10: 17



## TRANSMITTAL LETTER

	gistration Se ivision of Co								
SUBJECT	: Env	ironmental (Name of	Mo	n storin g Liability Compar	Systa 1y)	ems,	LC	-	
The enclos	ed Articles of	Organization and fee(	s) are su	bmitted for filing.					
Please retu	rn all corresp	ondence concerning thi	is matter	to the following:					
	<del>T</del>	Peter Laza	arev	rich					
			(N	ame of Person)	-				
	<del></del>		(F	irm/Company)			AL SE	000	
_	311	9 Livingsto	n 1	Rd.			LAHAS	06 JUL 28 AM 10: 37	
		•		(Address)			RY O	3	
		allahassee,	F	32303		<u> </u>	FLORID	10:37	(
			(City/3	nate and Zip Code)			0.0		
For further	information	concerning this matter,	please c	all:					
Pete	r Laz	carevich	ź	at ( <u><b>850</b></u> ) (Area Code	536-	5874			
·	(Name	of Person)	· -	(Area Code	& Daytime Te	lephone Nun	iber)		
Enclosed i	s a check fo	r the following amou	ınt:						
□ \$125.00	Filing Fee	☐ \$130.00 Filing F Certificate of Status		□ \$155.00 Fili Certified Copy (additional copy is		\$160.0 Certificat Certified (additional	te of Stati	us &	

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:

Environmen	ntal Monitorin	g Systems , L	. C	
ARTICLE II - Address The mailing address and		ncipal office of the Limited I	Liability Co	ompany is:
Principal Office Addre	ess:	Mailing Address:		
3119 Livingst Tallahassee, F	ton Rd. 1. 32303	Same		
The name and the Florid	da street address of the report of the repor	Rd.  ess (P.O. Box NOT acceptable)  FL 32303	SECKETARY OF TALLAHASSEE, I	E: 06 JUL 28 AH 10: 38
liability company at registered agent and ag statutes relating to the	the place designated in thi gree to act in this capacity. e proper and complete perj	scept service of process for the is certificate, I hereby accept is I further agree to comply with formance of my duties, and I dered agent as provided for in	the appoint th the provis am familiar	ment as sions of all with and

(CONTINUED)

Registered Agent's Signature

## 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:
MGR	Evic Howarth 17 Thrasher Lane Crawford Ville, FL 32327
MGR	Peter Lazarevich 3119 Livingston Rd Tallahassee, Fl 32303
(Han attachment if a conserve)	

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:** 

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.)

er Lazarevich
Typed or printed name of signee

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)