

L08000032918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

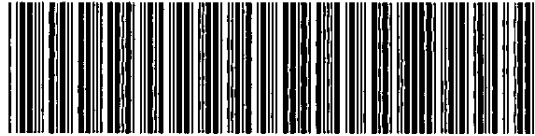
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GA 4/1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE WORTH LAND, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Mr.) Adrian O. Mirabella
(Name of Person)

Florida Remediation Contractors, Inc.
(Firm/Company)

920 3rd Avenue North
(Address)

Lake Worth, FL 33460
(City/State and Zip Code)

For further information concerning this matter, please call:

Adrian Mirabella at (561) 586-4063 or 728-8888
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAKE WORTH LAND, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

920 3rd Avenue North

Lake Worth, FL 33460

Mailing Address:

920 3rd Avenue North

Lake Worth, FL 33460

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or not business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

(MR.) ADRIAN O. MIRABELLA

Name

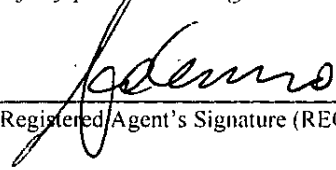
920 3rd Avenue North

Florida street address (P.O. Box NOT acceptable)

Lake Worth FL 33460

City, State, and 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, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

(MR.) ADRIAN O. MIRABELLA
920 3rd Avenue North
Lake Worth, FL 33460

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

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