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(Re	equestor's Name)
(Ad	ddress)
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(Ci	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bi	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Division of C		·	
SUBJE	ECT:	LAKE WORTH		
		(Name of Limite	d Liability Company)	
The en	closed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corres	pondence concerning this matte	er to the following:	
		(Mr.) Adria	n O. Mirabella Name of Person)	
		Florida Remediat	ion Contractors, [Firm/Company)	Inc.
		92	0 3rd Avenue North	1
			ke Worth, FL 3346	50
		, (City	/State and Zip Code)	
For fur	ther information	n concerning this matter, please	call:	TALL SECRET AH 3 or 722-38808
_Ad:	rian Mira		at (561) 586-406	3 or 725-8808
	(Nam	e of Person)	(Area Code & Daytime Tele	ephone Number (20)
Enclos	sed is a check t	for the following amount:	•	E S A
\$12 5.	.00 Filing Fee	X\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 File Fee 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LAKE WORTH LA	ND IIC
	iability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
920 3rd Avenue North	920 3rd Avenue North
Lake Worth, FL 33460	Lake Worth; FL 33460
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the (MR.) ADRIAN National Page 1920 3rd Avenue	red Office, & Registered Agent's Scinature: egistered Agent. You must designate an individual menotion ne registered agent are: O. MIRABELLA me

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) 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:

	Name and Ad	dress:		
"MGR" = Manage "MGRM" = Manag				
	(up.)	ADDIN O MIDADE		
MGR		ADRIAN O. MIRABE	LLA_	
		d Avenue North		
	Lake_w	orth, FL 33460		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)