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(Requestor's Name)
(Address)
,
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SUBJI	_{ЕСТ:} <u>Е</u>	nvi	rotech	Pest	So	lotion pany)	s,	LLL	_
			(Name	of Limited L	iability Com	pany)	,		
The en	iclosed Art	icles of	Organization and f	ee(s) are subr	nitted for fili	ng.			
Please	return all o	correspo	ndence concerning	this matter to	the following	ng;			
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For fur	rther inforn	nation co	oncerning this matt	er, please cal	l:				
n	بارره	A.	Clark	at	רבר	787-	42	72	
	.07	(Name o	Clark f Person)	at	(Area Co	ode & Daytime	Telephon	e Number)	
Enclos	sed is a ch	eck for	the following am	ount:					
			\$130.00 Filing		\$155.00 Fili	ing Fee &	□\$16	0.00 Filing	Fee.
			Certificate of S		Certified C		Cer Cer	rtificate of S rtified Copy ditional copy is	tatus &
			Mailing Address		Street/0	Courier Addr	ess		
			Registration Section		Registra	ation Section n of Corporat			
	,		P.O. Box 6327 Tallahassee, FL 3		Clifton	Building xecutive Cent			
			ranunasse, r to o	2 317		ccee Fl 3230			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Enviroteck Pest Solut (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
2978 Glenpark Rd	2978 Glenpark	RE
Palm Hurbor, Fl. 34683	Palm Harber Fl	. 34683
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the remark A. Name	•	08 SEP 18 SECRETARY
_	ess (P.O. Box NOT acceptable) FL 34683	P 18 PM 12: 04 ETARY OF STATE HASSEE FLORIDA
Having been named as registered agent and to a liability company at the place designated in the	ccept service of process for the ab	

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Mark A. Clark 2978 Glenpark Rd Palm Harbor, Fl. 34683
mgrm	Jamie Lynn Clark 2978 Glenpark Rd Pelm Herbor, Fl. 34683
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days pr
	SECRITALLA
REQUIRED SIGNATURE:	

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)