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(Requ	estor's Name)
(Addre	ess)	
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(City/5	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ment Number	·)
Certified Copies	Certificate	s of Status
Special Instructions to File	ing Officer:	

L. SELLERS

MAR 2 0 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Environ	nmental Salud, LL	C		
	(Name of Limite	ed Liability Compan	y)	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
Luis J.Lab	· · · · · · · · · · · · · · · · · · ·			
		(Name of Person)		
Environme	ental Salud, LLC			
		(Firm/Company)	· -	
732 Imper	ial Lake Rd			
		(Address)		
West Paln	n Beach, Florida, 3	33413		
	(Cit	y/State and Zip Code)		
For further information	concerning this matter, please	e call:		
Luis J. Laboy		_at (561 .)	324-974	4
(Name	of Person)	(Area Code	& Daytime Tele	ephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	У	\$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	Registration Division of Clifton Bu 2661 Exec	of Corporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Environmental Salud, LLC (Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
732 Imperial Lake Rd	732 Imperial Lake Rd
West Palm Beach, Florida, 33413	West Palm Beach, Florida, 33413
The name and the Florida street address of the r Luis J. Laboy Name 732 Imperial Lake R	d
Florida street ad	dress (P.O. Box NOT acceptable)
West Palm Beach	FL 33413
City, State,	and Zip
liability company at the place designated in a registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regional forms.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(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:

"MGRM" = Managing Member MGRM	"MGR" = Manager	Name and Address:
MGRM Daniela O. Laboy 732 Imperial Lake Rd West Palm Beach, Florida, 33413 West Palm Beach, Florida, 33413 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL effective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) REQUIRED SIGNATURE: (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.)	_	1ember
MGRM Daniela O. Laboy 732 Imperial Lake Rd West Palm Beach, Florida, 33413 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGRM	Luis J. Laboy
Daniela O. Laboy 732 Imperial Lake Rd West Palm Beach, Florida, 33413		732 Imperial Lake Rd
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		West Palm Beach, Florida, 33413
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGRM	Daniela O. Laboy
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		732 Imperial Lake Rd
CLE V: Effective date, if other than the date of filing:		West Palm Beach, Florida, 33413
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Luis J. Labov	CLE V: Effective date, if o effective date is listed, the 00 days after the date of fili REQUIRED SIGNATU	ther than the date of filing: (OPTIONAL date must be specific and cannot be more than five business days ing.) RE:
	CLE V: Effective date, if o effective date is listed, the 00 days after the date of filion REQUIRED SIGNATU Signatur (In accoof this d	ther than the date of filing:

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)

SECRETARY OF STATE
ALLAHASSEF FOR ORDINA