07/30/2009 12 19:50 PM -0400 POWERED BY ORCAFAX

Division of C

## Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000173183 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

1 (850)617-6363

From:

Account Name 1 HUBCO

Account Number : 104662003400

: (516)935-3940

Fax Number

Phone

: (516)935-3088

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

**Environmentic, LLC** 

Certificate of Status Certified Copy 0 Page Count 02 \$130.00 Estimated Charge

T. CLINE

JUL 3 1 2009

Selectionic Filing Mem

Corporate Filing Menu

XAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

7/30/2009

H09000173183

## ARTICLES OF ORGANIZATION FOR

## FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Environmentic, LLC

ARTICLE II - Address

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

Principal Office Address:	Mailing Address:	
22055 US Highway 19 North	22055 US Highway 19 North	
Clearwater, FL 33765	Clearwater, FL 33765	7700 600
		SECTION ALL
		IL 30
ADTICLE III Decistored Account	t, Registered Office & Registered Agent's Signature	FOR A
The name and Florida street address of the		N 8: 29 FLORIDA
	Barbara Levine	29
_	Name	
	39650 US Highway North #533	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Tarpon Springs, FL 34689	
	(Piru   Grata   Tin)	

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 - Barbara Levine

07/30/2009	12:19:50	PM	-0400	POWERED	BY	ORCAFAX
0.,00,2000	+6,+0,00		0100	T.OMPICED	17.1	OHUMIA

PAGE 3 OF 3

4

	Manager(s) or Managing Member(s):  less of each Manager or Managing Member is as follows:
Title: "MGR" = Manage "MGRM" = Mana	
MGR	Barbara Levine - 39650 US Highway North #533, Tarpon Springs FL 34689
MGR	Luke Anastasakis - 2614 Cove Cay Drive, Unit 106, Clearwater, FL 33760
(Use attachment if REQUIRED SIG	"
_	Bashan Devine
	Signature of a member or 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 of perjury t
	Barbara Levine
	Typed or printed name of signee