L11000115647

(Re	equestor's Name)		
(100	squestor s reame)		
(A)a	(droop)		
(Address)			
(Ac	ldress)		
	_		
(Cit	ty/State/Zip/Phone	÷#)	
PICK-UP	☐ WAIT	MAIL	
		·	
(Bu	siness Entity Nan	ne)	
•	•		
(Document Number)			
Certified Copies	Certificates	of Status	
			
Special Instructions to	Filing Officer:		
l			



300212865363

10/07/11--01016--017 **125.00

FILED

FILED

Office Use Only

COVER LETTER

_	egistration Section ivision of Corporations	
SUBJECT		ENUROMMENTAL, LCC ited Liability Company
The enclose	ed Articles of Organization and fee(s) an	
	-	•
Please retu	m all correspondence concerning this ma	atter to the following:
		Name of Person
	Green Hill &	MUKONMEN IN LLC Firm/Company
	5441051	oney Isle /me
	Okimdo,	F1. 32-819 Sity/State and Zip Code
	Remail address: to be used	Address Fl. 32-819 Eity/State and Zip Code Fl. // Com I for future annual report notification) se call:
For further	information concerning this matter, plea	se call:
R	EGis Hillow	at (407) 921-7171 Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
Enclosed i	is a check for the following amount:	
\$125.00 Fil	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must e	nd with the words "Limited Liability Compar	ny, "L.L.C.," or "LLC.")	bility Company
ARTICLE II - Addr	ess:		
The mailing address a	nd street address of the principal of	office of the Limited	Liability Company is:
Principal Office Add	ress: Mailir	ng Address:	
5441 OSPA	by Isle Ime		
Oxtondo.	F1 32819	SAME	
	•		
	stered Agent, Registered Office, any cannot serve as its own Registered Agent re Florida registration.)		
(The Limited Liability Comp business entity with an acti	any cannot serve as its own Registered Agent	t. You must designate an in	
(The Limited Liability Comp business entity with an acti	any cannot serve as its own Registered Agent re Florida registration.)	t. You must designate an in	dividual or another
(The Limited Liability Comp business entity with an acti	any cannot serve as its own Registered Agent re Florida registration.)	t. You must designate an in	FILI SECRETARY TALLAHASSE
(The Limited Liability Comp business entity with an acti	any cannot serve as its own Registered Agent re Florida registration.)	t. You must designate an in	FILED SECRETARY OF TALLAHASSEE, F
(The Limited Liability Comp business entity with an acti	any cannot serve as its own Registered Agents re Florida registration.) rida street address of the registered Name 5441 Osphera . Florida street address (P.O.	t. You must designate an ind d agent are: Let Ime	FILED SECRETARY OF TALLAHASSEE, F
(The Limited Liability Comp business entity with an acti	rida street address of the registered Agent Name 5441 Osphora	t. You must designate an ind d agent are: Let Ime	FILED SECRETARY OF STALLAHASSEE, FL

Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	REGIS HIllow
	REGIS HILOW 5441 OSPABY ISLE LONE ORLANDO, FI 32819
40	
<u>M</u>	
(Uga attach mant : f managagam)	
(Use attachment if necessary)	
	e date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	FI 11 OCT SECRETALLAHA
	ARY O
Signature of a member	er or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false infor constitutes a third degree felon	3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein for true. Smatter than the penalties of perjury that the facts stated herein for true. Smatter than the penalties of State of Stat
K561S Ty	ped or printed name of signee

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)