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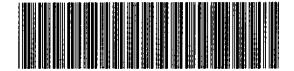
(Address) (Address) (Address) (City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section

Division of Corporations			9	
SUBJECT: D. JONES ENVIRON	MENTAL LL	.C	12 M/6-8	
	ited Liability Compa		- E	
			ò	
The enclosed Articles of Organization and fee(s) ar	e submitted for filing	g.		
Please return all correspondence concerning this ma	atter to the following	:		
DARRIN JONES				
Name of Person				
Firm/Company				
17681 CALOOSA RD				
1.001 0/12000/110	Address			
41.744 771 00000				
ALVA, FL 33920	ity/State and Zip Code			
	•			
Daning Walkerex of E-mail address: (to be used	for future annual repo	ort notification)		
For further information concerning this matter, plea	se call:			
DARRIN JONES	at (239	、851 - 8811		
Name of Person	at (Area Code	& Daytime Telephone Number	-	
		•		
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filin Certified Cop (additional copy	Certificate of Sta	atus &	
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 CON **ARTICLE I - Name:** The name of the Limited Liability Company is: D. JONES ENVIRONMENTAL LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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:** 17681 CALOOSA RD 17681 CALOOSA RD ALVA, FL 33920 ALVA, FL 33920 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: DARRIN JONES Name 17681 CALOOSA RD Florida street address (P.O. Box NOT acceptable) **ALVA** _{FL} 33920 City, State, and Zip

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)

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	
MGR	DARRIN JONES
	17681 CALOOSA RD
	ALVA, FL 33920
	•
 	
	·
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
^	

Signature of a member or an 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 stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DARRIN JONES

Typed 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)