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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number: I2000000019 Phone

: (305)552-5973

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

	Address:			
JIL-711	ACCULIBBE			

FLORIDA LIMITED LIABILITY CO. FLORIDA SMART SANITATION LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLE I - Name:

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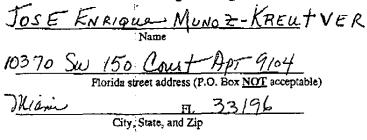
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Comitted Clability Company is:
FLORIDA SMART SANITATION 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:
0370 SW 150 Cout	10370 SW 150 Court
PT 9104	HPT 9104
Mioni FC. 33196_	Mani FL. 33196
ARTICLE III - Registered Agent, Registers	d Office. & Registered Agent's Signature

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:



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

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APPROVE AND FILED

	H 1 2 0 0 0 2 0 8 6 5 1	
ARTICLE IV- N The name and add	Ianager(s) or Managing Member(s): dress of each Manager or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manag "MGRM" = Mana	Name and Address: er aging Member	
MERM	CARLOS MONTOYA	
MGRM	JOSE ENRIQUE MUNOZ-KreuTVER 10370 SW 150 Court The 9/04 Mam Ft. 33/96	
(Use attachment	if necessary)	
ARTICLE V: Effective (If an effective date is lis to or 90 days after the da	date, if other than the date of filing: (OPTIONAL) ted, the date must be specific and cannot be more than five business days prior ate of filing.)	
REQUIRED SI	GNATURE:	
	Senature of a member or an authorized representative of a member.	S AIR
	that the facts stated herein are true.) Togo Corious Junes to rest zer.	20 Bt 8: 7

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)

Page 2 of 2

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