# L12000 121704

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Naı	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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09APP=337-35542

2012 SEP 21 AH & 12

J. SAULSBERRY EXAMINER

SEP 24 2012

# **COVER LETTER**

то:	Registration of	on Section f Corporations	,	
SUB.H	<sub>ECT:</sub> Adv	anced Ecological Re	sources LLC	
5550			Liability Company	
The en	closed Article	es of Organization and fee(s) are sub	omitted for filing.	
Please	return all cor	respondence concerning this matter	to the following:	
	Glenn	Gronlund		
		Na	ime of Person	
	Advand	ced Ecological Resou	irces LLC	2012 SEP 21 SECRETAR TALLAHASS
		Fi	rm/Company	ASS P
	10305	NW 41st. St. Suite 22	9	SSE SE
			Address	
Į	Doral, Fl	orida 33178		OP N
		City/Si	ate and Zip Code	<del></del>
	ggronlun	d@gmail.com  E-mail address: (to be used for f	inture appured report notification)	
F 6	d		•	
For Iur	iner intormati	ion concerning this matter, please ca	II:	
Glen	n Gronlur	nd at	731-4064	
	Na	me of Person	Area Code & Daytime Telepl	hone Number
Enclos	ed is a checl	k for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Cir Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ORGANIZATION	TORTLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Con	nnany is:
The manne of the Elimited Elabority Con	.puriy io.
Advanced Ecological Re	sources LLC
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
10305 NW 41st. St.	
Suite 229	
Doral, FL 33178	
	egistered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another
-	

The name and the Florida street address of the registered agent are:

Glenn G	Bronlund			
Name				
10305	NW 41st. St. Suite 229			
•	Florida street address (P.O. Box NOT acceptable)			
Doral	<sub>FL</sub> 33178			
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:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member	;		
MGRM	Donnie Torriero		
	773 Cypress Green Circle		
	Wellington, FL 33414		
MGRM	Joseph A. Hersol		
	10305 NW 41st, St. Suite 229	20	
	Doral, FL 33178	$\overline{\sim}$	
	A.E.	2012 SEP	****
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		2	
(Use attachment if necessary)			
	(0.7770)		
	an the date of filing: (OPTION		
	oust be specific and cannot be more than five business d	ays pri	or
0 days after the date of filing.)			
<b>REQUIRED SIGNATURE:</b>			
,			
Signature of a n	nember or an authorized representative of a member.		
<u> </u>	·		
	on 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.)

Donnie Torriero

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)

ADVANCED ECOLOGICAL RESOURCES LLC DONNIE TORRIERO MBR 10305 NW 41ST ST STE 229 DORAL, FL 33178 Date of this notice: 08-17-30

Employer Identification 46-0807851

Form: SS-4

Number of this notice:

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-0807851. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 04/15/2013

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

ZIII SEP 21 AH 8: .2

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your	Telephone	Number	Best Tir	ne to Call	DATE O	F THIS	NOTICE:	08-17-2012	
(	) -				EMPLOY	ER IDE	NTIFICATIO	ON NUMBER:	46-080785
					FORM:	SS-4		NOBOD	

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

ADVANCED ECOLOGICAL RESOURCES LLC DONNIE TORRIERO MBR 10305 NW 41ST ST STE 229 DORAL, FL 33178