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## **COVER LETTER**

TO: Registration Section **Division of Corporations** Active Environmental Training, LLC. Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Roberto B. Morales Name of Person Active Environmental Training, LLC. Firm/Company P O Box 707 Address Loughman, FL. 33858 City/State and Zip Code active@activeet.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roberto B. Morales Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$155.00 Filing Fee & □ \$160.00 Filing Fee, **\$125.00** Filing Fee □\$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
Active Environmental Training, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2111 N. Albany Ave.	P O Box 707
Tampa, FL. 33607	Loughman, FL. 33858
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Roberto B. Morales	
Name	
2111 N. Albany Ave.	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Tampa, FL. 33607	FL
City, Sta	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
	73 - V.S.E.
(CONTIN	UED) AR ORE

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

MGR	Roberto B. Morales
	PO Box 707
	Loughman, Fl. 33858
Use attachment if necessary)	
Æ V: Effective date if other th	nan the date of filing: (OPTION
fective date is listed, the date	e must be specific and cannot be more than five busin
, the man is more, the and	ina )
or 90 days after the date of fil	mg.)
	mg.)
	mg.)
or 90 days after the date of fil	mg.)
or 90 days after the date of fil	

Roberto B. Morales

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)

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