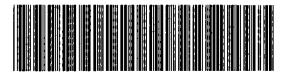
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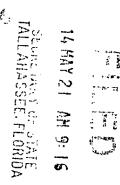
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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
Special instructions to	Filling Officer.	

Office Use Only



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## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJEC	CT: <u>All-Pha</u>	se Environmental Solution Name of Lir	s, LLC nited Liability Company	
The encl	osed Articles	of Organization and fee(s) a	re submitted for filing.	
Please re	eturn all corre	spondence concerning this m	atter to the following:	
	Stephen	S. Spradley	Name of Person	
	All-Phase	e Environmental Solutions	, LLC Firm/Company	
	1982 Sta	ate Road 44 - Suite 169	Address	
	New Sm	yrna Beach, Fl 32168	City/State and Zip Code	
<u>.sss</u>	pradley@ho	tmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For furth	er informatio	n concerning this matter, plea	ase call:	
Stephe	n S, Spradle Nan	y at (_ ne of Person		lephone Number
Enclosed	i is a check fo	or 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)
		iling Address istration Section	Street/Courier Add Registration Section	ress

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 FI	LORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		
All-Phase Environmental Solutions, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
All-Phase Environmental Solutions, LLC 1982 State Road 44 - Suite 169	All-Phase Environmental Solutions, LLC 1982 State Road 44 - Suite 169	
New Smyrna Beach, FL 32168	New Smyrna Beach, FL 32168	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or a.)	
The name and the Florida street address of the registered	agent are:	
Stephen S. Spradley Name		
Nane		
520 South Peninsula Ave 20 Florida street address (P.O. Box		
New Smyrna Beach City	FL 32169 Zip	
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability comparate the appointment as registered agent and agree to act in the fall statutes relating to the proper and complete performa igations of my position as registered agent as provided for er 605, F.S	is ince
Stephen S. Registered Agent's Signature	Spridley ure (REQUIRED)	
(CONTINUE	ED)	· ····································
Page 1 of 2	ART OF STATE ARESEE, FLORIDA	
	D <sub>A</sub>	

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Stephen S. Spradley
	520 South Peninsula Ave 2C7
	New Smyrna Beach, FL 32169
MGR	Jason Toler
	2517 Chester Ave.
	New Smyrna Beach, FL 32168
MGR	Richard Upstill
	609 Richard St.
	New Smyrna Beach, FL 32168
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 or
E V: Effective date, if other than the fective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section)	especific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and spe
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E V: Effective date, if other than the lective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation of I am aware that any false it constitutes a third degree for the section of the section of I am aware that the section constitutes a third degree for the section of the section of I am aware that any false it constitutes a third degree for the section of the section	member or an authorized representative of a member.  in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)  Spradley  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent