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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Commercial Green Drains LLC.		
Name of Li	mited Liability Company	·
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Jeanette Wideberg		
	Name of Person	
Commercial Green Drains		
	Firm/Company	
		国富一
709 Doctor Ave		مسيد (ت) استستا سما مسيد المستاد
	Address	CFI
Sebastian, FL 32958	City/State and Zip Code	
	Eny/State and Esp Code	
info@commercialgreendrains.com E-mail address: (to be use	ed for future annual report notifica	ation)
		•
For further information concerning this matter, ple	ase can:	
Neel Mideless	770 \ 010 1456	
Noel Wideberg at (at (at (772 <u>913-1456</u> Area Code Daytime Tel	lephone Number
	·	•
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee	□\$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	Street/Courier Addi	ress
Registration Section Division of Corporations	Registration Section Division of Corporat	rione
P.O. Box 6327	Clifton Building	TOTO
Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Commercial Green Drains LLC. (Must end with the words "Limited")	Liability Company, "L.L.C.," or "LLC	Z.")
ARTICLE II - Address: The mailing address and street address of the principal of	ice of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
709 Doctor Ave Sebastian Fl 32958	709 Doctor Ave Sebastian Fl 32958	Third to come for many forms
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate .)	an individual or
The name and the Florida street address of the registered a	igent are:	
<u>Jeanette Wideberg</u> Name		
709 Doctor Ave Florida street address (P.O. Box	NOT acceptable)	
Sebastian	FL 32958	
City	Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligation. Chapte Registered Agent's Signature.	the appointment as registered agent and all statutes relating to the proper and gations of my position as registered agent of the proper and gations of the proper and gations of the proper and gations of the proper and g	nd agree to act in this I complete performance
(CONTINUE	D)	TANA SECO
Page 1 of 2		10 10 10 10 10 10 10 10 10 10 10 10 10 10

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Jeanette Wideberg
	709 Doctor Ave
	Sebastian FL 32958
AMBR	Noel Wideberg
	709 Doctor Ave
	Sebastian FI 312958
<u></u>	
(Use attachment if necessary)	
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•	8-11-14
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ARTICLE IV-