## L15000196523

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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<del>e</del> #)
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PICK-UP	☐ WAIT	MAIL
_	_	<u> </u>
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
,		,
Certified Copies	_ Certificates	of Status
	au.	
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

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NOV 2 5 2015 T. BROWN

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	ECT: Caribbean Plant Services LLC		
	Name of Lin	nited Liability Company	
The en	closed Articles of Organization and fee(s) ar	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	·
	Randall Mescher	Name of Person	
	Caribbean Plant Services 220	Firm/Company	
	16318 East Brighton Drive	Address	
	Loxahatchee, Fl. 33470	City/State and Zip Code	
R	mescher@hotmail.com E-mail address: (to be use	d for future annual report notifica	tion)
For fur	ther information concerning this matter, plea	ase cail:	
Randa	all Mescher at (at (at (at (at (	561 ) <u>389-2514</u> Area Code Daytime Tel	ephone Number
Enclos	ed is a check for the following amount:		
\$125.0	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 Adds Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FU	DR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	2015 100 12
Caribbean Plant Services LLC.	27
	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	
Principal Office Address:	Mailing Address:
16318 East Brighton Drive Loxahatchee, Fl. 33470	16318 East Brighton Drive Loxahatchee, Fl. 33470
another business entity with an active Florida registration.  The name and the Florida street address of the register.	own Registered Agent. You must designate an individual or ation.)
Randall Mescher	
, Ni	ame
16318 East Brighton Drive Florida street address (P.O.	
Loxahatchee	FL 33470
City	Zip
the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the	of service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this cons of all statutes relating to the proper and complete performance to obligations of my position as registered agent as provided for in hapter 605, F.S

(CONTINUED)

Page 1 of 2

<u>"itle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	$P \qquad M \qquad $
MGR .	16318 East Brighton Drive
	Loxahatchee, Fl. 33470
****	
	•
Use attachment if necessary)	
	CCU
V: Effective date, if other than the date	of filing: (OPTIONAL)
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V: Effective date, if other than the date etive date is listed, the date must be sponding.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the section for the	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document ter the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date etive date is listed, the date must be sponding.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the section for the	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)