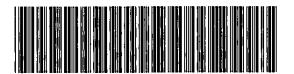
(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SEGRETARY OF STATE

5 DEC 14 P# 9:0

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Envirodocks 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:	
Larry J. Tansy Name of Person	
Envirodocks LLC	
Firm/Company	
3914 S.E. 12th Ave Unit B	
Cope Corel FL. 33904 City/State and Zip Code Itonsue hotmeil. com E-mail address: (to be used for future annual report notifica	tion)
For further information concerning this matter, please call:	
Larry Tansy at 954 380 - C Name of Person Area Code Daytime Telepho	0/68 ne Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section	

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

- 3

ARTICLE I - Name: The name of the Limited Liability Company is:	
Environ	LOCKS LL.C. ed Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3914 SE 12th Ave L Cape Corzi, Fl. 33	Inito 3914 SE lath Ave Units 1904 Cape Coral, FL 33904
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	n Registered Agent. You must designate an individual or
The name and the Florida street address of the register	ed agent are:
Lan	ry J. lansy
3914 S	E 124 Ave Unit B ess (P.O. Box NOT acceptable)
<u>Capel</u>	State Zip
place designated in this certificate, I hereby accept the ap further agree to comply with the provisions of all statutes	vice of process for the above stated limited liability company at the opointment as registered agent and agree to act in this capacity. I relating to the proper and complete performance of my duties, and I n as registered agent as proyided for in Chapter 605, F.S
Regi	stered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

SECULIARY OF STATE

<u>litle:</u>	Name and Address:
AMBR" = Authorized Men	ber
MGR" = Manager	1200 7 Truck MCD
	Larry J. Jany MGR.
	3914 JE 124 Au MITR
•	- Capecara, PC 50707
V: Effective date, if other t tive date is listed, the date filing.)	han the date of filing: $\frac{12/7/15}{1}$. (OPTIONAL) must be specific and cannot be more than five business days prior to or 90
filing.) he date inserted in this bloc ent's effective date on the I	han the date of filing:
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