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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

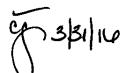
Office Use Only



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16 HAR 28 PH 3-01



## **COVER LETTER**

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TO: Registration Section Division of Corporations		
	Environmental imited Liability Company	LLC.
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
MItche Daybers	sle	
	Name of Person	
Earthsaver En	ironmental LL	٠.
	Firm/Company	
5661 SW 36 CT	Apt 104 Davie	
	Address	
Davie, FL 33	314	···
<del>-</del> .	City/State and Zip Code	
tarthsaveren	va gmail - com ed for future annual report notificati	
E-mail address: (to be use	ed for future annual report notificati	ion)
For further information concerning this matter, plea	se call:	
MITCHE Dalberiste al		
Name of Person	Area Code Daytime Telephon	e Number
Enclosed is a check for the following amount:		
\$125.00 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)
Molling Address	Stuggt Adduc	- in 5
<u>Mailing Address</u> New Filing Section	Street Address 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

## EFFECTIVE DATE 63 22 14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

16 HAR 28 PH 3-01

<u>Earthsaver</u>	Environmental	LLC.	150 F F A	Y OF STATE JEE, FLOSIDA
(Must end with the words	"Limited Liability Company, "L.L	C.," or "LLC.")	Proposition of the Proposition o	31.2 3 . (201 101

Mailing Address:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5661 SW 36 CT	5661 SW 36 CT
4pt 104	AP+ 104
Davie, FL 33314	Davie , FL 33314

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Principal Office Address:

Mitche T	Saiberis	te
	Name	
5661 SW	36 CT.	Ap+ 104
Florida street addres	s (P.O. Box <b>NO</b>	T acceptable)
Davie	FL	33314
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	horized Member	Name and Address:	
"MGR" = Mana M 🖒 K	ger	Mitche Dalberiste	
1 ( 2)		5661 SW 36 CT, Apt 10	24
		Davie, FL 33314	
AMBR			
FIRE		Stacy Dalberiste 5661 SW 36 CT, Apt 10	<u> </u>
		Davie, FL 33314	
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(Use attachment	if necessary)		
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ARTICLE IV-