## 1600072155

(Re	questor's Name)	
(Ad	dress)	<del> </del>
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
		•
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
(	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		<b>!</b>





600284362066

04/11/16--01017--019 \*\*130.00

N. Gungan APR 1 A 2010

## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJEC	Environmental Logic, LLC	
SOBJE		f Limited Liability Company
The enci	losed Articles of Organization and fee(	s) are submitted for filing.
Please re	eturn all correspondence concerning th	is matter to the following:
	Margaret A. Zak	
	<del>,</del>	Name of Person
	Environmental Logic, LLC	
		Firm/Company
	3228 8th Avenue North	
		Address
	St. Petersburg, FL 33713	
	margaretazak1@gmail.com	City/State and Zip Code
	E-mail address: (to be	used for future annual report notification)
For further	r information concerning this matter, p	lease call:
	a	t()
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
] <b>\$</b> 125.00	Filing Fee S130.00 Filing Fee Certificate of Status	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Environmental Logic, LLC  (Must end with the words "Limited 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:  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:  REGISTERED AGENTS INC.  Name  3030 N. Rocky Point Dr., STE 150A Florida street address (P.O. Box NOT acceptable)  Tampa, FL 33607  City State Zip	ARTICLE I - Name: The name of the Limited Liability	Company is:					
ARTICLE II - Address:  Principal Office Address:  Mailing Address:  Mailing Address:  Mailing Address:  Mailing Address:  Mailing Address:  Mailing Address:  3228 8th Avenue North St. Petersburg, FL 33713  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 registered agent are:  REGISTERED AGENTS INC.  REGISTERED AGENTS INC.  Name  3030 N. Rocky Point Dr., STE 150A Florida street address (P.O. Box NOT acceptable)  Tampa, FL 33607					<del></del>		
The mailing address and street address of the principal office of the Limited Liability Company is:    Principal Office Address:	(Must end w	ith the words "Limited !	Liability Company,	"L.L.C.," or "LLC.")			
3228 8th Avenue North St. Petersburg, FL 33713  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:  REGISTERED AGENTS INC.  Name  3030 N. Rocky Point Dr., STE 150A Florida street address (P.O. Box NOT acceptable)  Tampa, FL 33607		tress of the principal of	fice of the Limited	Liability Company is:			
St. Petersburg, FL 33713  St. Petersburg, FL 33713  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:  REGISTERED AGENTS INC.  Name  3030 N. Rocky Point Dr., STE 150A  Florida street address (P.O. Box NOT acceptable)  Tampa, FL 33607	Principal	Office Address:	•	Mailing Address:			
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:  REGISTERED AGENTS INC.  Name  3030 N. Rocky Point Dr., STE 150A  Florida street address (P.O. Box NOT acceptable)  Tampa, FL 33607	3228 8th Avenue No	rth	3228	8th Avenue North	_		
The name and the Florida street address of the registered agent are:  REGISTERED AGENTS INC.  Name  3030 N. Rocky Point Dr., STE 150A Florida street address (P.O. Box NOT acceptable)  Tampa, FL 33607	St. Petersburg, FL 3	3713	St. P	etersburg, FL 33713			
REGISTERED AGENTS INC.  Name  3030 N. Rocky Point Dr., STE 150A  Florida street address (P.O. Box NOT acceptable)  Tampa, FL 33607	(The Limited Liability Company of another business entity with an ac	annot serve as its own I tive Florida registration	Registered Agent. Y		TALL AT		- Sept
Name  3030 N. Rocky Point Dr., STE 150A  Florida street address (P.O. Box NOT acceptable)  Tampa, FL 33607	The name and the Florida street ac	J	•		70	~	
3030 N. Rocky Point Dr., STE 150A Florida street address (P.O. Box NOT acceptable)  Tampa, FL 33607		REGISTERE		···	S		
14111741123337			Name				ą į
14111741123337					52		4
14111741123337		Florida street address	(P.O. Box NOT ac	ceptable)	움을	£	
City State Zip		Tampa,	FL 33607		<b>D'</b> ''	_	
		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  $am\,familiar\,with\,and\,accept\,the\,obligations\,of\,my\,position\,as\,registered\,agent\,as\,provided\,for\,in\,\,Chapter\,605,\,F.S..$ 

Bill Havre/Secretary/Registered Agents Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:		Name and Address:	
"AMBR" = A	Authorized Member		
MGR		Margaret A. Zak	
		3228 8th Avenue North	
		St. Petersburg, FL 33713	
, <del>,,,,,</del>		The state of the s	ed out to a s
·			
<u></u>			
CLE V: Effective date is te of filing.)	listed, the date must be specific	ing: (OPTIONAL)  and cannot be more than five business days prior to or 90	
CLE V: Effective date is ate of filing.)  If the date inse	ve date, if other than the date of fil listed, the date must be specific	and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not	
CLE V: Effective date is ate of filing.)  If the date insecument's effection	ve date, if other than the date of fil listed, the date must be specific rted in this block does not meet t	and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not	
CLE V: Effective date is ate of filing.)  If the date insecument's effection.  CLE VI: Other p	ve date, if other than the date of fil listed, the date must be specific rted in this block does not meet tive date on the Department of State or visions, if any.  2 SIGNATURE:	and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not ate's records.	be listed as
CLE V: Effective date is the of filing.) If the date insert insert in the comment's effection of the current's effection of the current in th	ve date, if other than the date of fil listed, the date must be specific rted in this block does not meet to ive date on the Department of States or ovisions, if any.  SIGNATURE:  Signature of a membe	the applicable statutory filing requirements, this date will not ate's records.	be listed as
CLE V: Effective date is te of filing.) If the date insecument's effection.	re date, if other than the date of fil listed, the date must be specific rted in this block does not meet to ive date on the Department of States or ovisions, if any.  SIGNATURE:  Signature of a membe This document is executed in	the applicable statutory filing requirements, this date will not ate's records.  Toy an authorized representative of a member.	be listed as
CLE V: Effective date is the of filing.) If the date insert insert in the comment's effection of the current's effection of the current in th	ve date, if other than the date of fill listed, the date must be specific red in this block does not meet to ive date on the Department of States or visions, if any.  SIGNATURE:  Signature of a membe This document is executed in I am aware that any false info	the applicable statutory filing requirements, this date will not ate's records.	16 APR 11
CLE V: Effective date is the of filing.) If the date insert insert in the comment's effection of the current's effection of the current in th	red date, if other than the date of fill listed, the date must be specific red in this block does not meet to live date on the Department of States or ovisions, if any.  Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo	the applicable statutory filing requirements, this date will not ate's records.  To y an authorized representative of a member.  The accordance with section 605.0203 (1) (b), Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes only as provided for in s.817.155, F.S.	16 APR 11 PM
CLE V: Effective date is the of filing.) If the date insert insert in the comment's effection of the current's effection of the current in th	red date, if other than the date of fill listed, the date must be specific red in this block does not meet to live date on the Department of States or ovisions, if any.  Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo	the applicable statutory filing requirements, this date will not ate's records.  To an authorized representative of a member. The accordance with section 605.0203 (1) (b), Florida Statutes. To a manufacture of a member of the comment to the Department of State	16 APR 11 PM
CLE V: Effective date is ate of filing.)  If the date insert in the comment's effection of the current's effection.	red date, if other than the date of fill listed, the date must be specific red in this block does not meet to live date on the Department of States or ovisions, if any.  Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo	the applicable statutory filing requirements, this date will not ate's records.  To y an authorized representative of a member.  The accordance with section 605.0203 (1) (b), Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes only as provided for in s.817.155, F.S.	16 APR   1 PH

Page 2 of 2