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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

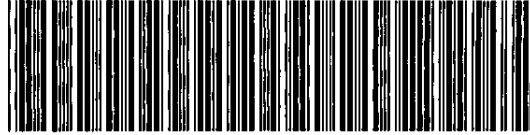
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUL 15 PM 12:40

JUL 25 2016

T. SCOTT

DISINFECTION TECHNOLOGIES GROUP OF FLORIDA, LLC

28 ALLEGHENY AVENUE, SUITE 1207
TOWSON, MARYLAND 21204-3919
(877) 393 - 4198

July 11, 2016

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Disinfection Technologies Group of Florida, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for Disinfection Technologies Group of Florida, LLC, a new Florida Limited Liability Company, along with a check payable to the Florida Department of State in the amount of \$160.00 for the required filing fee, certified copy fee and certificate of status fee. Please accept the enclosed for processing and return the Department's letter of acknowledgement, certified copy and certificate of status to my office at the address listed above.

Thank you for your assistance.

Very truly yours,

Robin D. Michel

Bio-Application Solutions of Florida, LLC

cc: Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Disinfection Technologies Group of Florida, 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:

Robin D. Michel

Name of Person

Disinfection Technologies Group of Florida, LLC

Firm/Company

28 Allegheny Avenue, Suite 1207

Address

Towson, Maryland 21204-3919

City/State and Zip Code

CPMICHEL@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin D. Michel at (877) 504 - 9696

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Disinfection Technologies Group of Florida, 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:

28 Allegheny Avenue, Suite 1207
Towson, Maryland 21204-3919

Mailing Address:

28 Allegheny Avenue, Suite 1207
Towson, Maryland 21204-3919

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:

Tim King

Name

406 Avenue B

Florida street address (P.O. Box **NOT** acceptable)


Melbourne Beach, Florida 32951

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)

TIMOTHY KING

(CONTINUED)

16 JUL 15 PM 12:40

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Robin D. Michel

28 Allegheny Avenue, Suite 1207

Towson, Maryland 21204-3919

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robin D. Michel, Manager

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)