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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(eligibility)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Codifical Comics Codificates of Status
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Special Instructions to Filing Officer:





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FLORIDA DEPARTMENT OF STATE
Division of Corporations

CEIVE

OF COICHERT JION SERVII

October 7, 2016

SUSAN ENGLE ENVIROCARE, INC. 832 NE 26TH STREET WILTON MANORS, FL 33305

SUBJECT: SUBMERGED LANDS, LLC

Ref. Number: W16000068949

We have received your document for SUBMERGED LANDS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 316A00021623

www.sunbiz.org

Division of Cornerations - P.O. ROX 6397 - Tallahassae Florida 39314

\$ECKETÁRY (* - 4-4)
16 OCT 27 PH I2: 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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: 15

The name of the Limited Liability Company is:		
		16 001 27
Submerged Lands, LLC		
(Must end with the words "Limited L	iability Compan	y, "L.L.C.," or "LLC,")
RTICLE II - Address:		
ne mailing address and street address of the principal offi	ce of the Limited	1 Liability Company is:
Principal Office Address:		Mailing Address:
832 NE 26th Street	832	NE 26th Street
Wilton Manors, FL 33305	Wil	ton Manors, FL 33305
		
The Limited Liability Company cannot serve as its own Remother business entity with an active Florida registration.) the name and the Florida street address of the registered as Evelio Fornoza)	·
	Name	 _
2705 NE 9th Avenue		
Florida street address (I	P O Box NOT a	ccentable)
Fibrida Sireet address (1	r.O. Dox <u>IVO I</u> a	
Wilton Manors		·
	FL	33334
City	FL State	

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 und accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Citle:	Name and Address:	AC OCT OF PR
ANADDH A d INC. I	Susan Grabe	16 OCT 27 Ph
MGR" = Authorized Member MGR" = Manager Lesin-Engle MGR	· · · · · · · · · · · · · · · · · · ·	
the state of the s	Wilton Manors, FL 33305	
	Willow Wallord, T.E. 2000	
——————————————————————————————————————		
V: Effective date, if other than the date tive date is listed, the date must be spefiling.)	of filing: September 30, 2016 ecific and cannot be more than five busi	ness days prior to or 9
ctive date is listed, the date must be spo filing.)	ecific and cannot be more than five busineet the applicable statutory filing require	ness days prior to or 9
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W: Effective date, if other than the date efficiency date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of the Wil: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the document is executed am aware that any false.	neet the applicable statutory filing require of State's records.	of a member. 1) (b), Florida Statutes the Department of State
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V: Effective date, if other than the date stive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department VI: Other provisions, if any. EEOUIRED SIGNATURE: Signature of a ment of the document is executed am aware that any false constitutes a third degree.	mber or an authorized representative deed in accordance with section 605.0203 (einformation submitted in a document to	of a member. 1) (b), Florida Statutes the Department of State

Page 2 of 2