

L1900000418549

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

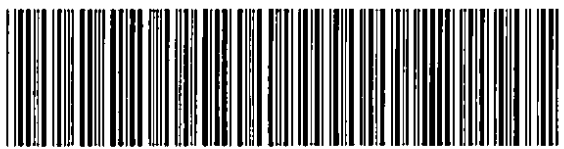
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 2/25/2019

Acc#I20160000072

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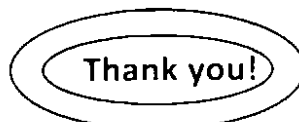
|             |   |
|-------------|---|
| Name:       | FCC ENVIRONMENTAL SERVICES FLORIDA, LLC |
| Document #: |   |
| Order #:    | 11455952                                |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
|                                   | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

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| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/>        |
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|   | COGS: <input type="checkbox"/>             |

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| Availability _____  |
| Document _____      |
| Examiner _____      |
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| Verifier _____      |
| W.P. Verifier _____ |
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|                   |
|-------------------|
| Amount: \$ 125.00 |
|-------------------|



**ARTICLES OF ORGANIZATION  
OF  
FCC ENVIRONMENTAL SERVICES FLORIDA, LLC**

**ARTICLE I: NAME**

The name of the limited liability company is FCC Environmental Services Florida, LLC (the "LLC").

**ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the LLC is 6760 Muskogee Street, Orlando, Florida 32807.

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

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

C T Corporation System  
1200 South Pine Island Road, Plantation, Florida 33324

Having been named as registered agent 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.

CT Corporation System

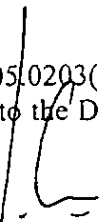
Jin Song

**ARTICLE IV: MANAGEMENT**

The name and address of each person authorized to manage and control the LLC:

| Title: | Name and Address:  |
|--------|--|
| MGR    | Iñigo Sanz<br>6760 Muskogee Street<br>Orlando, FL 32807        |
| MGR    | Santiago Carrasco<br>6760 Muskogee Street<br>Orlando, FL 32807 |
| MGR    | Juan Gorriti<br>6760 Muskogee Street<br>Orlando, FL 32807      |

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.

  
\_\_\_\_\_  
Santiago Carrasco  
Authorized Representative

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

