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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: ENVIOROS MAGGARG L'acrete UC Name of Lighted Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
9518 Forrest Gare Rd
Tallahassi'e fl 3/1205 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certified Copy} \text{(additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy} \text{(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:		
(Must contain 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:		
9518 Correst Correst Col Tallabassee FL 32305		
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:		
Plorida street address (P.O. Box NOT acceptable) Tallanssee City State Zip		
laving 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 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)		

Title: "AMBR" = Authorized Member	Name and Address: ;
"MGR" = Manager	JUAN CARH
MGL	9518 forms + Grove 1201 Tallabasser ft, 32309
(Use attachment if necessary)	
he date of filing.)	and cannot be more than five business days prior to or 90 days after ne applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	/
This document is executed in I am aware that any false infor	or an authorized representative of a member, accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
Туг	ned 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)

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

ARTICLE IV-

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