L19000209805

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

W.W.

Office Use Only

COVER LETTER

TO: New Filing Section
       Division of Corporations

SUBJECT: _SRT Secon Recovery + Transport_
                   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:

Sechrist, C. Mon
              Name of Person

7001 Hwy 20

TLH, FL 32310
                  Address

_____
          City/State and Zip Code

SRT@ secon recovery.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sechrist at (_305_) _525-1835_
   Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

[✓] $125.00 Filing Fee   [ ] $130.00 Filing Fee &   [ ] $155.00 Filing Fee &   [ ] $160.00 Filing Fee,
                             Certificate of Status   Certified Copy   Certificate of Status &
                                                      (additional copy is enclosed)   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:

SRT Secon Recovery + Transport LLC

(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:

Principal Office Address:	Mailing Address:
7001 Hwy 20	PO Box 16097
TLH FL 32310	TLH FL 32317

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:

Sechrist, C. Mon
Name

7601 Hwy 20
Florida street address (P.O. Box **NOT** acceptable)

TLH FL 32310
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)

(CONTINUED)

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

AMBR — Galore, Tomas
PO Box 16097
TLH, FL 32317

MGR — Sechrist, Paul
PO Box 16097
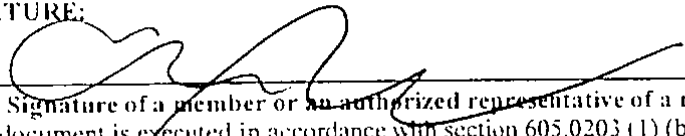TLH, FL 32317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: __8 | 20 | 19__ (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.

Sechrist, C Mau
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)