

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EMMANUEL SHEPPARD & CONDON
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Phone : (850)433-6581
Fax Number : (850)433-6162

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jheath@envirosafetyolutions.com

FLORIDA LIMITED LIABILITY CO.

Environ Safety Solutions, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
ENVIRON SAFETY SOLUTIONS, LLC

The undersigned, desiring to form a limited liability company under and pursuant to Section 605 of the Florida Statutes, entitled the Florida Limited Liability Company Act, do hereby adopt the following Articles of Organization for such company.

ARTICLE I
NAME

The name of the limited liability company, hereinafter referred to in these Articles as "Company," is:

ENVIRON SAFETY SOLUTIONS, LLC

ARTICLE II
ADDRESS

The Company's street address of its principal place of business in Florida is 13625 Perdido Key Drive, Unit 2104, Pensacola, Florida 32507, and its mailing address is the same, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

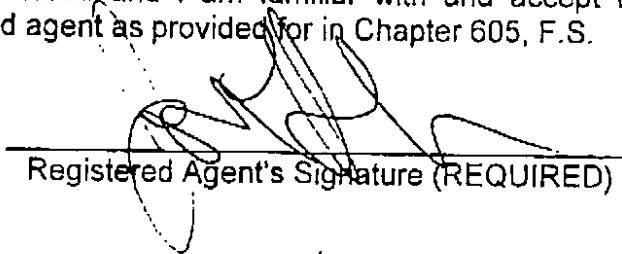
ARTICLE III
REGISTERED AGENT

The name and Florida street address of the Company's Registered Agent

Josh Heath
13625 Perdido Key Drive, Unit 2104
Pensacola, FL 32507

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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**ARTICLE IV
MANAGEMENT**

The business of the Company shall be managed by one manager. The name and address of the person authorized to manage and control the Company is:

TITLE**NAME AND ADDRESS****MGR**

Josh Heath
13625 Perdido Key Drive, Unit 2104
Pensacola, FL 3250


Signature of 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 provide for in s.817.155, F.S.

Josh Heath

Typed or printed name of signee

Filing Fee: \$125.00
Certified Copy: \$30.00
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