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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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2021 APR 28 PM 12: 03

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 783475 8134964 AUTHORIZATION : COST LIMIT ORDER DATE: April 27, 2021 ORDER TIME : 9:58 AM ORDER NO. : 783475-005 CUSTOMER NO: 8134964 DOMESTIC FILING NAME: MPP ENVIROMENTAL DRIVE LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

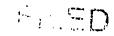
1201 Hays Street

COVER LETTER

TO:	New Filing Sec Division of Cor					
SUBJE		omental Drive L	LC			
5000		N:	ame of Lir	mited Liabil	ity Company	
The en	closed Articles of	Organization an	d fee(s) ar	e submitted	for filing.	
Please	return all correspo	ondence concern	ing this m	atter to the i	ollowing:	
	Roy Mildner					
	Name of Person Mildner & Associates, P.A. Firm/Company					
	423 Delaware Avenue					
	Address					
	Ft. Pierce, Fl	L 34950				
			C	City/State an	d Zip Code	
	Scott6427@g		lo be used	for future o	nnual report notificati	<u> </u>
For furth	er information co	•			indar report nonneat	ony
	Roy Mildner		71 at (_	72	464-8008	
	Nam	e of Person	A	rea Code	Daytime Telephon	e Number
Enclose	ed is a check for t	ne following amo	ount:			
■\$125.00 Filing Fee			Certified Copy Certificate of Cadditional copy is enclosed) Certified Co		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section				Street Address New Filing Section Di	vision
Division of Corporations P.O. Box 6327			ns	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY. 2021 APR 28 PM 12: 03

ARTICLE 1- Name:

OF STATE

The name of the Limited Liability Company is:	GEORE VIII; TALL 141.3
MPP Environmental Drive 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 t	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2675 S. BROCKSMITH ROAD	2675 S. BROCKSMITH ROAD
FORT PIERCE, FL 34945	FORT PIERCE, FL 34945
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	red Agent. You must designate an individual or
The name and the Florida street address of the registered agent at	re:
CHARLES S. MCGEE	

Name 2675 S. BROCKSMITH ROAD Florida street address (P.O. Box NOT acceptable) FORT PIERCE

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

City

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: Name and Address: 'AMBR" = Authorized Member "MGR" = Manager MGR **CHARLES S. MCGEE** 2675 S. BROCKSMITH ROAD FORT PIERCE. FL 34945 MGR TRAVIS MCGEE 5407 S INDIAN RIVER DRIVE FORT PIERCE, FL 34982 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _____. (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 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 thember or an authorized representative of a member.

TRAVIS MCGEE

Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)