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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Safety Legend Environmental Consult and Solutions LLC  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:
Name of Person
SATETY KEGTEND ENVIRONMENTAL CONSULT & SOLUTIONS, LL
1317 Edgewater Dr, #3732 Address
Orlando, FL 32804
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \\ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy is enclosed} \\ Certifie
Mailing Address  New Filing Section  Street Address  New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Liabilit	y Company is:					
Meri (Must conta	LEGENDEN	VIECN ME. bility Compan	NTAZ CO y, "L.L.C.," o	ON SOLT S	Solumons, LLC.	
ARTICLE II - Address: The mailing address and street ac	Idress of the principal offic	ce of the Limite	ed Liability C	ompany is:		
Principal Office Address:			Mailing Address:			
13A TOGEW SUNE 3-13	ATT-2 DRIVE Z FLORIDA 3280	13		FLOPIDA		
GE GANDO,	+ CORIDA - PE OC	स ठ	ECRNIC	POETON	- <del>52 304</del> .	
(The Limited Liability Company another business entity with an a The name and the Florida street a	ctive Florida registration.) address of the registered ag Kelly Miller		. Tou must o		Vidual ()	
	11	iamę				
1317 Edgewater Dr						
	Florida street address (I	P.O. Box <u>NO</u> T	acceptable)			
	Orlando, FL	32804		<del></del>		
	City	State	Zi	p		
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the appoint ovisions of all statutes relating ations of my position as it	tment as regist ting to the prop	ered agent and per and comple at as provided	d agree to act in ete performance for in Chapter (	this capacity. I of my duties, and l	
	Registero	a trecuit a pien	mane (mayo	,		

(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	
AMBR.	SAMUEL AKINYEMI GARRIEL. 28 AFOLABI STREET, IJOKO GANGO-OTA CGUN STATE 112101 NIGERIA
AMBE.	SHANNA NUNES 13H FD-FWATE DEIVE #3932 CRUANDO FR. SERCY.
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as a of State's records.
This document is executed a may a substitute and the constitutes a third degree.	member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.  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 (Co. 1)

\$ 5.00 Certificate of Status (Optional)