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SUBJECT:		vironmental Service							
30000001		Name	of Limite	d Liabilit	y Company				
The enclose	d Articles of	Organization and fe	e(s) are su	ıbmitte d f	or filing.				
Please retur	n all correspo	ondence concerning	this matte	r to the fo	llowing:				
	Christopher :	Kennedy							
				Name of I	'erson				
	Canopy Env	ironmental Services	i, LLC.						
				Firm/Con	npany	_			
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	TALLA	HASSEE, T	FLOR	ı PA	32315 Zip Code				
c		nmentalservices@g		State and	Zip Code				
_				future an	nual report notification	on)			
For further in	formation co	ncerning this matter	, please ca	dl:					
1	Chris Kennec	iy	919 _at (302-0973				
					Daytime Telephone	Number			
Enclosed is	a check for th	ne following amoun	t:						
□\$125.00	Filing Fee	□\$130.00 Filing Certificate of Sta	itus	Certifie	00 Filing Fee & d Copy copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
		g Address			treet Address				
		iling Section on Of Corporations		New Filing Section Division The Centre of Tallahassee					
		ox 6327			2415 N. Monroe Street, Suite 810				
Tallahassee, FL 32314					Tallahassee, FL 32303				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Canopy Environmental Services, 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

TALLAHASSEE, FL 32315

PO POX 3266 TALLAHASSET, FL 32115

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:

Christopher Kennedy

Name

1211 Stone Green Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee Florida 32303

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 (REQUIXED)

(CONTINUED)

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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:
"MGR" = Manager AMBR	Christopher Kennedy TALLMHASEE, FL 32315
	
	
If an effective date is listed, the date must be he date of filing.) Note: If the date inserted in this block does no	ate of filing: JANVARY 1, ZOZZ. (OPTIONAL) specific and cannot be more than five business days prior to or 90 days afte at meet the applicable statutory filing requirements, this date will not be listed
the document's effective date on the Departme ARTICLE VI: Other provisions, if any.	nt of State's records.
This document is exec I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.
Christopher Ke	• •

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)