| UR200251 | 325 |
|----------|--------|
| | تتشتته |

Office Use Only



08/08/02--01008--066 +*247.50



RECEIVED

COVER LETTER

New Filing Section **Division of Corporations** Environmental Cleaning Solutions SUBJECT: <u>Fields</u> LLC 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 Firm/Company 515 Vin 10 and Address 23 City/State and Zip Code <u>a</u>mail.com nnmental Ranina b E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ar(<u>786</u>) 559-6158 Nendu Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

TO:

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

X160.00 Filing Fee, Certificate of Status & 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

fields Environmen <u>Cleaning</u> Solutions LLC 'Limited Liability Company, "L.L.C.," or "LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Lunited Liability Company is:



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.)



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. Thereby 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. E.S.

Registered Agent's Signatury REOURED

(CONTINUED)



ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------|
| $\frac{MGR}{M} = Manager}{M}$ | Dereick Fielols 515 Sand Pine Dr. Miolway, Fl 32343 | - - |
| AMBR | Wendy White Sissand Pine PR Midway, Fi 32343 | - |
| | | |
| | | 2 |
| (Use attachment if necessary) | | L 220 |
| (If an effective date is listed, the date must be specific the date of filing.) | the applicable statutory filing requirements, this date will not tate's records. | |
| ARTICLE VI: Other provisions, if any. | <u></u> *2 | |

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. Ŀ 1/ 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)