22000293910

(Re	questor's Name)	
(Add	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500389968775

2077 JUN 29 AM 9: 39

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 FROM Meliss

Melissa Moreau mmoreau@incserv.com 850.656.7953

R	EQl	JEST_C	DATE	6/29/	2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1051249

ORDER ENTITY

FLORIDA ENVIRONMENTAL RESTORATION LLC

PLEASE PERFORM THE FOLLOWING SERVICES:	
FLORIDA ENVIRONMENTAL RESTORATION LLC (FL)	

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: jdavis@broadcrest.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, June 29, 2022 Page 1 of 1

June 8, 2022

Florida Department of State The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Dear Sir or Madam,

Please note that Florida Environmental Restoration, Inc., a Florida corporation, has no intention of revoking Articles of Dissolution that are being submitted to the state.

Sincerely,

Matthew J. Biegler, President

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Florida Environmental				
(Must contai	n the words "Limited Lia	ibility Company, '	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal offic	ce of the Limited	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
1650 County Road 470)	1650	County Road 470	
Okahumpka, Florida 3	4762	Okal	umpka, Florida 34762	
The Limited Liability Company c	annot serve as its own Re	Registered Agen		- -
The Limited Liability Company e mother business entity with an ac	annot serve as its own Retive Florida registration.)	Registered Agen egistered Agent. \	t's Signature:	2027 JUN
The Limited Liability Company e mother business entity with an ac	annot serve as its own Retive Florida registration.)	Registered Agent egistered Agent. Y	t's Signature: 'ou must designate an individual or	2000 JUN 25
The Limited Liability Company e mother business entity with an ac	annot serve as its own Retive Florida registration.) Idress of the registered ag Incorporating Services.	Registered Agent egistered Agent. Y	t's Signature: 'ou must designate an individual or	2027 JUN 29 A
The Limited Liability Company e mother business entity with an ac	annot serve as its own Retive Florida registration.) Idress of the registered ag Incorporating Services.	Registered Agen egistered Agent. \(\) gent are: Ltd.	t's Signature:	2
(The Limited Liability Company canother business entity with an ac	annot serve as its own Retive Florida registration.) Idress of the registered ag Incorporating Services,	Registered Agent (Special Agent (Spe	t's Signature: 'ou must designate an individual or	AM 9:
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ad	annot serve as its own Retive Florida registration.) Idress of the registered ag Incorporating Services, N 1540 Glenway Drive	Registered Agent (Special Agent (Spe	t's Signature: 'ou must designate an individual or	2

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.

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Kris M. Creeden 529 Blue Cypress Drive Groyeland, FL 34736
MGR	Matthew J. Biegler 1010 Riviern Drive Leesburg, FL 34748 A 29
	子 (F) 3
(Use attachment if necessary)	
If an effective date is listed, the date must be date of filing.)	the date of filing:
This document is I am aware that an	of a member or an authorized representative of a member. executed in accordance with section 605,0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Constitutes a trura Kris M. Cri	

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30,00 Certified Copy (Optional) \$ 5,00 Certificate of Status (Optional)