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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mast piloto Environmenta, LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE H - Address:

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

Principal Office Address:	<u>Mailing Address</u> :
4978 Kyle more Ct.	P.O. BOX 20994
Palm Harbar-FL 34695	Jaharsce F2 32316

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.)

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

The name and the Florida street address of the registered agent are:

Joshua Faylo

Name

4976 Kyle Mare Ct
Florida street address (P.O. Box NOT acceptable)

Palm Harbar FL 34685

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the duce designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I tarther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 DEC 22 PH 4: OF SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMPR/MCR	Joshija Faylo 4478 Myleriya FCT 340:95
AMBRINGIR	Vejunica Pansby 4075 Iralemore Ct 34605
(Use attachment if necessary)	
If an effective date is listed, the date must be s he date of filing.)	te of filing:
ARTICLE VI: Other provisions, if any,	
<u>REOUIRED</u> SIGNATURE:	MinX
This document is exec I am aware that any fal	nember or an authorized representative of a member, puted in accordance with section 605.0203 (1) (b), Florida Statutes, lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
	Typed or printed name or ignee

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

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)