# LZ40WH18to

(Requestor's Name)
(Address)
(Address)
(City(Chata/Zia/Dhana 4))
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Casasso Linux, value,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

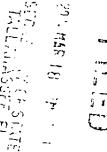
Office Use Only





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2024 MAR 18 PM 3: 19



## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/18/2024	_	**WALK IN**
ENTITY NAME Waste-	X, LLC	
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
	Plain Copy	
xxxxxxxx	Certified Copy Certificate of Status	
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	-
· · · · · · · · · · · · · · · · · · ·	Certified Copy of Arts & Amendments : Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	·
COUNTRY OF DESTINA NUMBER OF CERTIFICA		_ _
TOTAL OWED \$130	ACCOUNT #: 120160000072	
Please call Tina at t	the above number for any issues or concerns. Thank you so	wach!

#### COVER LETTER

	W. LOTEV	CARUBOA CATAL	Choup II c				
SUBJECT		ENVIROMENTAL	GROUP, LLC				
		Name	of Limited Liabil	ity Company			
The enclos	sed Articles of	Organization and fe	e(s) are submitted	for filing.			
Please retu	ırn all correspo	ondence concerning	this matter to the f	ollowing:			
	DANIEL P.	SOKOLOFF					
		<u> </u>	Name of	Person	<u> </u>		
	DANIEL P.	SOKOLOFF, CPA.	P,A				
			Firm/Co	mpany		<del></del>	
	715 E. HILL	SBORO BLVD, 2N	D FLOOR				
			Addı	ess			
	DEERFIELI	D BEACH, FL 3344	1				
	DSOKOLOF	F@TAXSOFLA.CC	City State an	d Zip Code			
	1	E-mail address: (to b	e used for future a	nuual report notificati	on)		
or further i	nformation co	ncerning this matter,	please call;				
	DANIEL SO	KOLOFF	954	360 - 8477		<u>ري</u> د د د	ڔ
	Nam	ne of Person	Area Clode	Daytime Telephon	e Number	17.LL)	10 MAS 18
Enclosed is	s a check for the	he following amount	:			SVIII	<u>e</u>
<b>□\$</b> 125.00	Filing Fee	≅\$130,00 Filing Certificate of Stat	us Certifi	5,00 Filing Fee & ed Copy al copy is enclosed)	TIS160.00 F Certificate o Certified Cop (additional cop	ling Fee	Ţ <i>i</i>
	*,						

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallabassee, Fl. 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Fallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED FIABILITY COMPANY

(Must co ARTICLE II - Address: The mailing address and stree	ontain the words "Limited Liability	Company, "L.L.C" or "LLC	`.``i
	t address of the principal office of	the Limited Liability Compar	ıyıs:
<u>Princ</u>	ipal Office Address:	Mailin	g Address:
2900 NE 30TH ST	REET, UNIT 51	2900 NE 30TH STRE	ET, UNIT SJ
FORT LAUDERI		FORT LAUDERDAL	
	DANIEL P. SOKOLOFF, CI Name	'Λ	
	715 E. HILLSBORO BLVD.	2ND FLOOR	
	Florida street address (P.O. I		<del></del>
	DEERFIFED BEACH FO	. 33441	
	Cuy St	ate Zip	
lace designated in this certifica other agree to comply with the	d agent and to accept service of pro te, I hereby accept the appointment provisions of all statutes relating to obligations of my position as regist	as registered agent and agree the proper and complete perj	to act in this capacity. I formance of my duties, and

### ARTICLE IV-

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

"AMBR" " Authorized Ment	her
"MGR" - Manager AMBR	VASILIOS KOURKOUMELIS 2900 NF 30TH STREET, # 5J FORT LAUDERDALE, FL 33306
<u>AMBR</u>	JOHN CRUELLO 4100 GALT OCEAN DRIVE, UNIT 807 FORT LAUDERDALE, FL 33308
fective date is listed, the date	nam the date of filing: MARCH 18, 2024 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 da
LE V: Effective date, if other the fective date is listed, the date of filing.) If the date inserted in this block ament's effective date on the file.	man the date of filing:
LE V: Effective date, if other the fective date is listed, the date of filing.) If the date inserted in this block the date inserted in the fective date on the fective date on the fective date.	must be specific and cannot be more than five business days prior to or 90 days, does not meet the applicable statutory filing requirements, this date will not be department of State's records.
LE V: Effective date, if other the fective date is listed, the date of filing.) If the date inserted in this block ument's effective date on the ELE VI: Other provisions, if any  REQUIRED SIGNATURE:  Signate This docume I am aware the	must be specific and cannot be more than five business days prior to or 90 days, does not meet the applicable statutory filing requirements, this date will not be department of State's records.
LE V: Effective date, if other the fective date is listed, the date of filing.) If the date inserted in this block ument's effective date on the ELE VI: Other provisions, if any  REQUIRED SIGNATURE:  Signate This docume I am aware the	must be specific and cannot be more than five business days prior to or 90 days, does not meet the applicable statutory filing requirements, this date will not be department of State's records.  The oba member of an authorized representative of a member, which is executed in accordance with section 605.0203 (1) (b). Florida Statutes, at any false information submitted in a document to the Department of State.