

L16000068773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

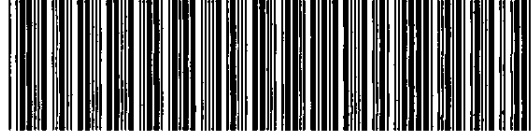
(Business Entity Name)

(Document Number)

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04/04/16--01010--022 #*125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 16 2016
4-8-16
TLK

LETTER OF CONSENT

This letter of consent is written to whomever it may concern that I will allow Matthew Travis Moreland and Johanna Rogers Moreland to use the name Gulf Shore Landscaping, LLC for their business and I relinquish all rights to the name.

Signed: *Ben A. Cooper* Date: 4-1-16

Notary: *Ben A. Cooper* Date: 4-1-16

County of Manatee

State of Florida



BEN A. COOPER
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF126444
Expires 5/26/2018

10 APR -4 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GULF SHORE LANDSCAPING LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BEN A COOPER
Name of Person

PERSONAL CONSULTING SERVICES LLC
Firm/Company

P O BOX 14577
Address

BRADENTON, FLORIDA 34280
City/State and Zip Code

BENACOOPER@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEN A COOPER 941 795-7048
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GULF SHORE LANDSCAPING LLC

(Must end with 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:

105 KOLBE ST.
MORGANTOWN, WV 26508

Mailing Address:

105 KOLBE ST.
MORGANTOWN, WVA 26508

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:

MATTHEW TRAVIS MORELAND
Name

4401 MANATEE AVENUE
Florida street address (P.O. Box **NOT** acceptable)

<u>BRADENTON</u>	<u>FLORIDA</u>	<u>34209</u>
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 (REQUIRED)

(CONTINUED)

16 APR -4 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MATTHEW TRAVIS MORELAND

105 KOLBE ST

MORGANTOWN, WV 26508

AMBR

JOHANNA ROGERS MORELAND

105 KOLBE ST

MORGANTOWN, WV 26508

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 1, 2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
ANY AND ALL LEGAL ACTIVITIES.

REQUIRED SIGNATURE:

X 

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.

MATTHEW TRAVIS MORELAND

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)

15 APR -4 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA