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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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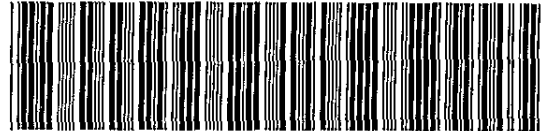
(Business Entity Name)

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Garden of Life  
Landscape Design LLC

Cindy Escoto  
12284 157<sup>th</sup> Street North  
Jupiter, Florida 33478

561-747-1177 – home  
561-309-4076 – cell phone

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 28, 2003

CINDY ESCOTO  
12284 157TH STREET NORTH  
JUPITER, FL 33478

SUBJECT: GARDEN OF LIFE LANDSCAPE DESIGN LLC  
Ref. Number: W03000005798

We have received your document for GARDEN OF LIFE LANDSCAPE DESIGN LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article I and II.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 703A00012858

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

*Garden of Life Landscape Design LLC*

**ARTICLE II - Address:**

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

*12284 157th Street North Jupiter, FL 33478*

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

*Cindy Escoto*  
~~*Garden of Life Landscape Design LLC*~~  
Name

*12284 157th Street North*

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

*Jupiter, FL 33478*

City, State, and 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 608, F.S.*

*Cindy Escoto*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

*Cindy Escoto*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

*Cindy Escoto*

Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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AND  
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