L04000001577

Elizabeth D. Law (Requestor's Name)
(Requestor's Name)
1529 Proctor Street
(Address)
(Address)
Tallahassee, FL 32303; (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
Elizabeth Law Creative Garder (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consider the structure to Filing Office
Special Instructions to Filing Officer:
Call when ready.
591-5205





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SIGN DENORATION
ALLAPASSEE FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elizabeth Law Creative Gardening (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:
Elizabeth Law (Name of Person)
Elizabeth Law Greative Gardening LLG (Firm/Company)
1529 Proctor Street (Address)
Tallahassee FL 32303 (City/State and Zip Code)
For further information concerning this matter, please call:
Elizabeth Law at (850) 591-5205 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Elizabeth Law Creative Gardening LLC	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Compar	ıy is:

Principal Office Address:

ARTICLE I - Name:

Tall. FL 32303

1529 Proctor Street
Tallahassee Fl. 32303

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signafure.

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

Elizabeth Law

1529 Proctor Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32303
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..

Régistered Agent's Signature

(CONTINUED)

The name and address of each Manager	or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Elizabeth Law
	Tailahassee, FL 32303
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ARTICLE IV- Manager(s) or Managing Member(s):

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

(Use attachment if necessary)

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.)

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)