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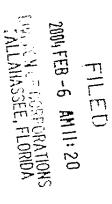
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u>.</u>		

Office Use Only



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TRANSMITTAL LETTER

TO:	Registration Section				
	Division of Corporations				
SUBJE	CT: Abe Sanchez Landscape Services, LLC.				
	(Name of Limited Liability Company)				
The end	losed Articles of Organization and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to the following: Abe Sanchez (Name of Person) Abe Sanchez Landscape Services, LLC. (Firm/Company)				
	Abe Sanchez				
	(Name of Person)				
Abe Sanchez Landscape Services, LLC.					
(Firm/Company)					
_	10705 Federal Highway, Lot 5F				
	(Address)				
	Hobe Sound, Florida 33455				
	(City/State and Zip Code)				
For furtl	ner information concerning this matter, please call:				
	Abe Sanchez at (772) 475-7275				
	(Name of Person) (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



ARTICLE I - Name:

The name of the Limited Liability Company is:

Abe Sanchez Landscape Services, LLC.

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
Abe Sanchez Landscape Services, LLC.	Abe Sanchez Landscape Services, LLC.
10705 Federal Highway, Lot 5F	10705 Federal Highway, Lot 5F
Hobe Sound, Florida 33455	Hobe Sound, Florida 33455

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

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

Abe Sanch	rez	
Name		
10705 Federal Hig	hway, Lot 5F	
Florida street address (P.C). Box <u>NOT</u> accep	otable)
Hobe Sound,	FLORIDA	33455
City, State, a		

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, Florida Statutes..

egistered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Mana	ager or Managing Member is as follows:	3/2
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	S. S.
MGRM	Abe Sanchez 10705 Federal Highway, Lot 5F Hobe Sound, Florida 33455	ORTONS TO SE
	7.	·
(Use attachment if necessary)		
NOTE: An additional article mus	at be added if an effective date is requested.	
REQUIRED SIGNATURE:		
(In accordance with section	an authorized representative of a member. 1608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury are true.	
· A	be Sanchez 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)