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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	<u>Ce</u> rtificates	of Status
Special Instructions to	Filing Officer:	

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TRANSMITTAL LETTER

SUBJECT:	Gator Garden Products, LLC (Name of Limited Liability Company)
	(Name of Limica Elaonity Company)
The enclosed	Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Franklin D. Shea, Sr.
	(Name of Person)
_	Gator Garden Products, LLC (Firm/Company) 13556 Killtie Court (Address)
	(Firm/Company)
	13556 Kiltie Court
	(Address)
	Delray Beach, Fl. 33446
	(City/State and Zip Code)
For further in	formation concerning this matter, please call:
Franklin D. S	Shea, Sr. at (561) 665-0735
	(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

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The name of the Limited Liability Company is:

Gator Garden Products, Li	_C	and the second s
ARTICLE II - Address: The mailing address and street addr	ess of the pri	incipal office of the Limited Liability Company is
Principal Office Address:		Mailing Address:
13556 Kiltie Court		13556 Kiltie Court
Delray Beach, Fl. 33446		Delray Beach, Fl. 33446
ARTICLE III - Registered Agent. The name and the Florida street add		Office, & Registered Agent's Signature: egistered agent are:
Franklin D. Shea,	Sr.	
•	Name	
13556 Kiltie Ct.		
Florida stree	et address (P.O	. Box NOT acceptable)
Delray Beach, Fl.	33446	FLORIDA
	City, State, ar	nd 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, Florida Statutes..

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	MAKEN 12 PM 1:50 PK TONON
MGR	Franklin D. Shea, Sr.	
	13556 Kiltie Ct.	- 1047 O
	Delray Beach, Fl. 33446	- Thous
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and the second		<u> </u>
(Use attachment if necessary)		<u></u>
•	must be added if an effective date is requested.	
	must be added it an effective date is requested.	
REQUIRED SIGNATURE:	w Walla Sz er or an authorized representative of a member.	
•	·	-
(In accordance with se of this document cons that the facts stated he	ection 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury rein are true.)	
Franklin D. Shea, S		
	ped 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)