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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

105-5767

TRANSMITTAL LETTER

TO: Registration Se Division of Co					
SUBJECT: Dorler La	indscape Designs LLC				
	(Name of Limite	d Liability Co	mpany)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for fi	ling.		
Please return all corresp	ondence concerning this matte	r to the follow	ring:		
Andrew	Thomas Dorler				
	C	Name of Person)		
Dorler Landscape D	esigns LLC				
<u></u>	=	Firm/Company)			
2086 Las V	enas Trail				
2000 Eas V	egaa Iraii	(Address)			-
Nava	El 20Ecc				
- Nava	rre Fl 32566 (City)	State and Zip C	ode)	 .	
	(Ch).	otate and Enj. C	000)		•
For further information	concerning this matter, please	call:			
Andrew Thomas Dorle	er	at (850	936-0415		
(Name	of Person)	(Area (ode & Daytime Te	elephone Number)	
					AS S
Enclosed is a check for	or the following amount:				CR S
Ø \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & opy py is enclosed)	\$160.00 F Certificate of Certified Co (additional copy	Signos &
				(· <u> </u>

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 Compa	any is:
Dorler Landscape Designs 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:
2086 Las Vegas Trail	2086 Las Vegas Trail
Navarre Fl 32566	Navarre FI 32566
The name and the Florida street address of Andrew Thomas Dorler	stered Office, & Registered Agent's Signature: of the registered agent are: Name
2086 Las vegas Trail	
	reet address (P.O. Box NOT acceptable)
Navarre Fl 32566 City,	FL State, and Zip
liability company at the place designat registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appetration as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 508, F.S

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

The hand and address of cach manager of managing monitor is as follows.				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	Andrew Thomas Dorler			
	2086 Las Vegas Trail			
	Navarre FI 32566			
(Use attachment if necessary)				
NOTE: An additional article must be a	added if an effective date is requested.			
REQUIRED SIGNATURE:				
Signature of a member or	an authorized representative of a member.			
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)			

Andrew Thomas Dorler

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)

SECRETARY OF STATE