

LOS 000025247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/11/05--01029--014 **130.00

05 MAR 11 PM 1:07
TALLAHASSEE, FLORIDA

COVER LETTER

Filing for LLC 03/09/ 2005

Luiz Batista
4616 NW 234th Avenue
Alachua, FL 32615
Phone 386 418 0086

03/10/05

05 MAR 11 PM 1:07

3000 N. W. 1st AVE
TALLAHASSEE, FLORIDA 32309

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Gardener Limited Company
(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:

Luiz Guilherme Batista
(Name of Person)

Self _____
(Firm/Company)

4616 NW 234th Avenue

(Address)

Alachua , FL 32615
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

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

05 MAR 11 PM 1:07
TALL (number)
50.00 Filing Fee
State of Status &
ified Copy
(original copy is enclosed)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

NGR _____

Luiz G. Batista _____

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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