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SECRETARY OF STATE
ALLAHASSEE, FLORICA

TRANSMITTAL LETTER

•			
TO: Registration Se	ection		
Division of Co	rporations		
SUBJECT: Gar-Den			
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Dennis H	loward Hamilton		
	Q	Name of Person)	
	(Firm/Company)	
732 Clayton	St		
		(Address)	
Brand	don Fi 33511		
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Dennis Hamilton		at (813) 643-6824	
(Name	of Person)	(Area Code & Daytime T	elephone Number SE
Enclosed is a check fo	r the following amount:		AUG RETA
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certificate Copies (additional copies and copies an

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 FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Gar-Den Enterprise 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:			
732 Clayton Street	732 Clayton St			
Brandon FI 33511	Brandon FI 33511			
The name and the Florida street address Dennis Howard Hami 732 Clayton St	, v			
	a street address (P.O. Box NOT acceptable)			
Brandon	FI 33511			
	ity, State, and Zip			
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	at and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appaintment as a scapacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and a segistered agent as provided for in Chapter 60&F.S			

(CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Me	mber
	Pharmala 11114-notifican
MGR	Dennis H Hamilton
	732 Clayton St
	Brandon FI 33511
MGRM	Gary Morton
	19941 Gulf Blvd # E
	Indian Shores FI 33785
(Use attachment if necessar	ry)
NOTE: An additional ar	ticle must be added if an effective date is requested.
REQUIRED SIGNATUR	Œ:
\wedge	
<i>(بز</i>	
100	un D Davil
Signature	of a member or an authorized representative of a member.
	ance with section 608.408(3), Florida Statutes, the execution
of this doc	cument constitutes an affirmation under the penalties of perjury
	facts stated herein are true.)
Dennis I	Hamilton SYRY 25
	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)