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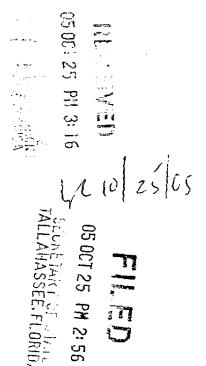
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: New	Name of Limited	Scape and Law distribution of the Liability Company)	as Service LLC
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
- Fre	Gainous	Name of Person)	
Neu	s Deal Law	decape and l	Laws Service LL
631	Chancey LA	(Address)	
Talla		rida 3230 State and Zip Code)	8
,	(City/	State and Zip Code)	
For further information of	concerning this matter, please c	tall:	
Fred Gas	ふ わはら	at (850) 459-	4726
(Name	of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for	r the following amount:		S OCT
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s e s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
New Deal Landscape (Must end with the words "Limited Liability Company, "Limited	and Laun Service LLC de Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Tallahassee, Fl 32308	Tallahassee, El 32308
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
Fred Gainous Name	5
	ress (P.O. Box <u>NOT</u> acceptable)
Tallahassec City, State, a	
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete and accept the obligations of my position as reg	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the prodisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 508, F.S.
I d Lain	5

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u> Fitle:</u> 'MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	per
marm	Fred Gainous
	631 Chancey Lane
	Tallahossee, Fl 32308
1	
,	. <u> </u>
(Use attachment if necessary)	
LE V: Effective date, if other ffective date is listed, the date	than the date of filing: (OPTIO
LE V: Effective date, if other	than the date of filing: (OPTIO
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of	than the date of filing: (OPTIO ate must be specific and cannot be more than five bus filing.)
LE V: Effective date, if other ffective date is listed, the date	than the date of filing: (OPTIO ate must be specific and cannot be more than five bus filing.)
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of	than the date of filing: (OPTIO ate must be specific and cannot be more than five bus filing.)
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of REQUIRED SIGNATURE.	than the date of filing:
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of REQUIRED SIGNATURE.	than the date of filing:
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of EREQUIRED SIGNATURE. Signature of (In accordance of this document)	than the date of filing:
LE V: Effective date, if other ffective date is listed, the date or 90 days after the date of EREQUIRED SIGNATURE. Signature of (In accordance of this document of the factor)	than the date of filing:
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