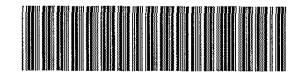
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(City/State/Zip/Phone #)
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COVER LETTER

Division of Co		
SUBJECT: 5	helton's Tree	e Service LLC
	(Name of Limite	ed Liability Company)
77	Committee and Control	and the state of t
	f Organization and fee(s) are s	
Please return all corresp	ondence concerning this matte	er to the following:
	Gregory	Shelton
	, , ,	(rame in t diskin)
		3.90
		(Firm/Company)
	20 E /	
	Tis, FL. 327	(Firm/Company) (Address) 724 (State and Zip Code)
س نو		THE IN
Eus	Tis , FL, 327	726
	, (City	//State and Zip Code)
For further information	concerning this matter, please	eall:
i of italian miorination	voiceming and matter, presse	· cett.
Gregory S	helton	at 352 455 - 1675 352 585 - 1547 (Area Code & Davtime Telephone Number)
/(Name	of Person)	(Area Code & Daytime Telephone Number)
	3 6 22	
	or the following amount:	
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$\infty\$\$ \$160.00 Filing Fee, Certified Copy Certificate of Status &
	Certificate of Status	(additional copy is enclosed) Certified Copy
		(additional copy is enclosed)
	Malling Adduss	Structificarries Address
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
		Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Shelton's Tre	e Service LLC	
(Must end with the words "Limited Liability Com	pany, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II - Address:		
	s of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	58 S

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another basiness entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cregory Shelton

Name

26 Forcs T Lane

Florida street address (P.O. Box NOT acceptable)

Eustis, FL, 32726

City, State, and 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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Gregory Shelton 26 Forest Lane Eustis, FL. 32726
MGRM	Paulette Shelton 26 FOREST Lane Eust's , FL. 32726
	ES SE THE
(Use attachment if necessary)	PAIR: 30
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
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.)

Gregory Shelton
Who of 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)