L06000111989

(Requestor's Name)
(Address)
,
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·
(City/State/Zip/Phone #)
(Only Clare 2 lb) Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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COVER LETTER

Division of Co							
SUBJECT. Ace La	andscape & Irrigatio	on					
(Name of Limited 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:					
Kevin S. N	Miller						
	(Name of Person)					
Ace Lands	scape & Irrigation						
	(Firm/Company)					
330 W. S	eminole Ave.						
•		(Address)					
Eustis, Fl	. 32726						
	(City	/State and Zip Code)					
For further information	concerning this matter, please	call:					
Kevin S. Miller		at (352) 617-929	93				
(Name	of Person)	(Area Code & Daytime To	elephone Number)				
Enclosed is a check for	or 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)				
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	ne Limited Liability	Company is:	
	ape & Irrigation, LL		
(Must end with the	words "Limited Liability (Company, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II		lress of the principal office of the Limited Lia	ability Company is:
Principal Office Address: 330 W. Seminole Ave. Eustis, Fl. 32726		Mailing Address:	
		330 W.Seminole Ave.	
		Eustis, Fl. 32726	
(The Limited Liabil		t, Registered Office, & Registered Agent's as its own Registered Agent. You must designate an individualion.)	dual or another
The name and	the Florida street ad	dress of the registered agent are:	FIL 06 NOV 17 SECKETAR TALLAHASS
	Kevin S. Mille	<u>r </u>	長二五
		Name	ILED ASSEE,
	330W. Semir	AM 11: 56 AM 11: 56 SEE, FLORID	
	F	lorida street address (P.O. Box <u>NOT</u> acceptable)	LOFA T.
	Eustis	FL 32726	€ 56 6 6
		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>		Name and Address:		
"MGR" = Manag				
"MGRM" = Man	aging Member			
MGR		Kevin S. Miller		
		330 W. Seminole Ave.		•
		Eustis, Fl. 32726		-
	_			
				-
				-
				-
	<u></u>			_
	_			-
				•
(Use attachment i	f necessary)			
·				
ARTICLE V: Effective of	late, if other than the	date of filing:	. (OPTIO	NAL)
(11 an effective date is list to or 90 days after the da		e specific and cannot be more than five	business (days prior
to or 70 days after the da	te of fining.)			
REQUIRED SIC	SNATURE:			
		HILI		
	Signature of a member	r or an authorized representative of a membe	<u>*</u> . ≥SS	06
	(In accordance with sec of this document constituted that the facts stated he	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjuicerin are true.)	· (2) =	FILED 06 NOV 17 AMI
	Kevin S. Miller		SEE,	A D
	Туг	ped or printed name of signee		= 0
Filing Fees:			ORIE ORIE	

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)