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(Re	equestor's Name)	
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TALLAHASSEE, FLORIFA

COVER LETTER

TO:	Registration Se Division of Co						
SUBJI	ст: <u>Baker</u>	Landscaping & Ma				_	
		(Name of Limite	d Liability Company)				
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.				
Please	return all corresp	ondence concerning this matte	er to the following:				
	John Elle	dge					
	·		Name of Person)				-
	Baker Laı	ndscaping & Mair	ntenance				
		- (Firm/Company)	•	,		-
	323 Edg	e Avenue			SE	200	_
			(Address)		AE	1 APR	
	Valparais	so Florida 2358	0		TAR ASS	-¥5 - -₹9	_
		(City	/State and Zip Code)		(OF		
For fur	ther information	concerning this matter, please	call:		STATE	A 10: 30	(
Johr	Elledge		at (850) 830-108	87	D.	0	
		of Person)	(Area Code & Daytime Te		nber)	_	
Enclos	ed is a check fo	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)	Certifica Certifica Certifica (additiona	ite of St d Copy	atus &	
•		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 Tallabassee, FL 32301	าร			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "	ng & Maintenance I Limited Liability Company,	"Limited Company" or their abbreviation	n "LLC," or "L.C.,")
ARTICLE II - Add		41	· 11 1 1 1 2 0
ine mailing address	and street address of	the principal office of the Limi	ted Liability Company is:
Principal Office Ad	dress:	Mailing Address:	
323 Edge Avenue		323 Edge Ave	
Valparaiso Florida		Valparaiso Florida	
23580		32580	
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act	pany cannot serve as its owr ive Florida registration.)	stered Office, & Registered An Registered Agent. You must designate a	an individual or another APR -
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act The name and the Flo	pany cannot serve as its owr ive Florida registration.) orida street address of	stered Office, & Registered A	an individual or another APR -2 ARY COMPANY
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act The name and the Flo	pany cannot serve as its owr ive Florida registration.) orida street address of lohn Elledge	stered Office, & Registered An Registered Agent. You must designate a	an individual or another APR -2 ARY COMPANY
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act The name and the Flo	pany cannot serve as its owr ive Florida registration.) orida street address of lohn Elledge	stered Office, & Registered An Registered Agent. You must designate after the registered agent are:	an individual PR -2 A
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act The name and the Flo	pany cannot serve as its owr ive Florida registration.) orida street address of John Elledge	stered Office, & Registered An Registered Agent. You must designate after the registered agent are:	MAPR -2 A 10: 30 GRETARY OF STATE WHASSEE, FLORIDA
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act The name and the Fig.	pany cannot serve as its owr ive Florida registration.) orida street address of John Elledge	stered Office, & Registered An Registered Agent. You must designate af the registered agent are:	MAPR -2 A 10: 30 GRETARY OF STATE WHASSEE, FLORIDA

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	Name and Address:	
"MGRM" = Managing Member		
MGR	John Elledge	
	323 Edge Avenue	
	Valparaiso Florida 32580	
MGR	Tim Baker	
	3226 East Pinewood Lane	
	Panama City Beach Florida 32413	
MGRM	Susan Elledge	TAS Z
	323 Edge Ave	
	Valparaiso Florida 32580	APR AHAI
		ASS ASS
		<u> </u>
	* · · · · · · · · · · · · · · · · · · ·	 >
		- 2 3 0
(Use attachment if necessary)		AGE 30

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)