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(Re	questor's Name)	
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## **COVER LETTER**

Rejet

TO: Registration Section Division of Corporations

SUBJECT: Evergreen Landscape Management LLC MO1-51007 (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Aaron Stokes (Name of Person) Evergreen Landscape Management LLC (Firm/Company) 3601 White Oak Court (Address) Lake Wales, FL 33898 (City/State and Zip Code) For further information concerning this matter, please call: at ( 863 ) 528-0550 (Area Code & Daytime Telephone Number) Aaron Stokes (Name of Person) Enclosed is a check for the following amount: \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Money

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must end with the wo	ords "Limited Liability Compa	C any, "Limited Company" or their abbreviation "LLC," or "L	C.,")
ARTICLE II - A The mailing add		of the principal office of the Limited Liabilit	ty Company is:
Principal Office	Address:	Mailing Address:	
3601 White Oak Co Lake Wales, FL 338		PO Box 1426 Lake Wales, FL 33859	
(The Limited Liability business entity with	y Company cannot serve as its an active Florida registration.) ne Florida street address	egistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual of softhe registered agent are:	
Aaron Stokes		Name	<b>3</b> 055
	3601 White Oak Co		
		a street address (P.O. Box NOT acceptable)	WHII: 06
	Lake Wales	<sub>FL</sub> 33898	1: 06
	Ci	ity, State, and Zip	<b>o</b> 0
liability com registered agent statutes relutin	pany at the place design t and agree to act in this ng to the proper and con	nt and to accept service of process for the above mated in this certificate, I hereby accept the app is capacity. I further agree to comply with the p implete performance of my duties, and I am fam my as registered agent as provided for in Chapto	pointment as provisions of all niliar with and

(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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Aaron Stokes
	3601 White Oak Court
	Lake Wales, FL 33898
(Use attachment if necessary)	
	the date of filing: (OPTIONAL)
(If an effective date is listed, the date mus	t be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
(	
Signature of a men	nber or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution
of this document co	enstitutes an affirmation under the penalties of perjury ed herein are true.)
Aaron Stokes	
	Typed or printed name of signee
Ptt. P	
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)