(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300104914693

06/28/07--01043--006 \*\*155.00

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: We	Know Lan (Name of Limited	ds capine 2 d Liability Company),	11C		
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.			
	ondence concerning this matte				
Medan	edo J UR	Siva Name of Person)			
We	Know Lang	Name of Person)  JS Capil LL  Firm/Company)		, <u>-</u>	
213 N	.W. 8 AVE #	103			
		(**************************************		0	DI\
Hallan	duly FL 3	3009		07 JUN 28	VISION SECR
	(City)	/State and Zip Code)-		N 28	유동
For further information c	oncerning this matter, please	call:		PH	
Yawira V.	Bodriguez of Person)	at ( <u>984</u> ) <u>457</u> - (Area Code & Daytime T	9171 elephone Number)	1:43	RATIONS
Enclosed is a check for	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 Certificate of State Certified Copy (additional copy is en-	us &	
	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	ns		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

We KNOW	w Landscapi	d Company" or their abbreviation "LLC," or "L.C.")	
ARTICLE II - Add	ress:	incipal office of the Limited Liability Compa	any is:
Principal Office Ad	ldress:	Mailing Address:	
213 N.W 8th Hallandale,	Auc # 103 FL. 33001	213 N.W 8th Ave# 103 Hallandale, Fl. 33009	
	npany cannot serve as its own Regist	Office, & Registered Agent's Signature; ered Agent. You must designate an individual or another	NOISIAID SECSE
	orida street address of the re	Σ . ω	유유 ( ) ( )
-	Medaedo J	URSiNA 3	
-	213 N.W. 84		ATIONS
-	Hallandale City, State, a	lress (P.O. Box <u>NOT</u> acceptable)  FL 3300 9	<i>3.</i>

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..

registal 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

Medando J Ungina 213 N.W. 8th Ave # 103 Hallandale, FL. 33009 Yawira V. Rodriguez 213 N.W. 8th Ave # 103 Hallandale, FL. 33009	07 JUN 28
	07 JUN 28
	07 JUN 28
	-   -   PH : 44
of filing: <u>6-27-67</u> . (OPTI eific and cannot be more than five busines	•
n authorized representative of a member.	
	cific and cannot be more than five busines

Filing Fees:

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

that the facts stated herein are true.)

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

V. Rockiguez
Typed or printed namy of signee