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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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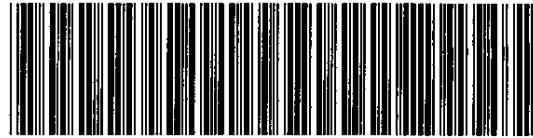
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **LANDSCAPING BY ROBINSON, LLC**

(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:

**Mark M. Grieco, Esq.**

(Name of Person)

**Grieco & Scalera, PA**

(Firm/Company)

**3109 45th Street, Suite 100**

(Address)

**West Palm Beach, FL 33407**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Mark Grieco**

(Name of Person)

at ( **561** ) **687-0748**

(Area Code & Daytime Telephone Number)

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 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION  
FOR  
LANDSCAPING BY ROBINSON, LLC  
FLORIDA LIMITED LIABILITY COMPANY

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**ARTICLE I - Name:**

The name of the Limited Liability Company is Landscaping by Robinson, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 4441 Avocado Blvd., Royal Palm Beach, FL 33411.

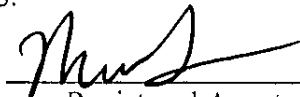
**Article III - Registered Agent, Registered Office & Registered Agent's Signature:**

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

Grieco & Scalera, P.A.  
3109 45th Street  
West Palm Beach, FL 33407

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, FLORIDA STATUTES.

Signature



Registered Agent

**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:

Managing Member

Scott Robinson  
4441 Avocado Blvd.  
Royal Palm Beach, FL 33411

Managing Member

Brenda Robinson  
4441 Avocado Blvd.  
Royal Palm Beach, FL 33411

REQUIRED SIGNATURE.



Signature of member

Scott Robinson

Printed Name

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