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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name)	<del></del>
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Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	
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EFFECTIVE DATE 10-15-07

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI	CCT:	GArden (Name of Limite	ed Liability Company)	
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
		Jeanne He	Boyer	, •
		Garden	(Name of Person) / CAre _LLC	
		121 Me	eridian Hills Rd	•
		allahassee	(Address) - 323/2	<u>#</u> :.
		(Cit	ty/State and Zip Code)	
For fur	ther information	concerning this matter, please	e call:	
Je	annette	Boyer of Person	at (850) 668-3743 (Area Code & Daytime Telephone Number)	
	(14ann	. Of a cessory	(Allow Code de Saytime Fotopholio Namos)	
Enclo	sed is a check for	or the following amount:		
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee  Certificate of Status &  Certified Copy (additional copy is enclosed)	T
		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	MO

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
121 Meridian Hills Rd Tallahassee Fl 32312 - 54me				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
Jeannette Boyer = = =				
Name  121 Meridian Hills Rd  Florida street address (P.O. Box NOT acceptable)				
Talla hassee FL 32312 E. 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				

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 10-15-07

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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	
Jeannette Bryer MGRM	S. Boyel  121 Meridian Hills Rd  Tollahassee, Fl 22212
Thomas Helsema MGRM	171 Mexidian Hills Rd Tallahayse, fl 32312
-	
e de la companya della companya della companya de la companya della companya dell	-
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be prior to or 90 days after the date of filing.)	te of filing: <u>Let 15, 200</u> 7. (OPTIONAL) e specific and cannot be more than five business days
REQUIRED SIGNATURE:	TAL SL
Signature of a member of	r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
ryped	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)