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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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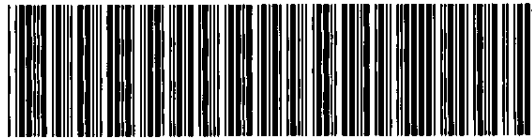
(Business Entity Name)

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

B. KOHR

MAR 11 2008

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Southern Tradition Landscape Central Florida Irrigation
(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:

Connie H. Shivers, C.P.

(Name of Person)

Penson & Davis, P.A

(Firm/Company)

2810 Remington Green Circle

(Address)

Tallahassee, Florida 32308

(City/State and Zip Code)

For further information concerning this matter, please call:

Connie H. Shivers, C.P.

(Name of Person)

at (850) 561-8000

(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

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3/5/08

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

SOUTHERN TRADITION LANDSCAPE CENTRAL FLORIDA IRRIGATION, LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is:

SOUTHERN TRADITION LANDSCAPE CENTRAL FLORIDA IRRIGATION, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

11115 Romance Ct.
Winter Garden, Florida 34787

4. **Mailing Address.** The mailing address of the limited liability company is:

15502 Stoneybrook Parkway West, Suite 104
Box 304
Winter Garden, Florida 34787

5. **Members at Time of Formation.** The name of each member at the time of formation:

William B. Blauvelt
18180 Old Dominion Court
Ft. Myers, Florida 33908

Robert Hendricks
11115 Romance
Winter Garden, Florida 34787

6. **Period of Duration.** The period of duration shall be perpetual.

7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the managing member(s).

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:


William B. Blauvelt
18180 Old Dominion Ct.
Ft. Myers, Florida 33908

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.


William B. Blauvelt

9. **Effective Date.** The effective date of the limited liability company shall be:

March 5, 2008


William B. Blauvelt
Member
Robert Hendricks

Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)