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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2008 NOV 19 AH II: 15
SECRETARY OF STATE
AND LAHASSEE, FLORIDA

T. CLINE

NOV 20 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LeBel Land Scaping (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:	
John-Paul LeBel (Name of Person)	
(Name of Person)	
Le Bel Land scape LLC (Firm/Company)	
(Firm/Company)	
11103 N 63rd Street	
Temple Terrace Fl 33617 (City/State and Zip Code)	
(Chy/State and Zip Code)	
For further information concerning this matter, please call:	
John-Paul LeBel at (904) 254-9408 PG 3 (Name of Person) (Area Code & Daytime Telephone Number 27)	, ,
(Name of Person) (Area Code & Daytime Telephone Number)	e i
Tohn-Paul LeBel (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:	ţ.
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$\$155.00 Filing Fee & \$\sum \$	3
Certificate of Status Certified Copy Certificate of Status &	9
(additional copy is enclosed) Certified Copy is enclosed) (additional copy is enclosed)	
Mailing Address Street/Courier Address	
Registration Section Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Lebel Landscapin (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	- 3 !	* . ,
•			•
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Li	iability Cor	mpany is:
Principal Office Address:	Mailing Address:		
11103 N 63rd street Temple Terrace, FI 33617	11103 N 63rd St Temple Tempe, Fl	reet 33617	• •
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's ered Agent. You must designate an indiv	s Signatur /idual or anoth	r e: er
The name and the Florida street address of the real MARK 5. LEBEL Name 141 BARTRAN PAR Florida street add TACKSWELL City, State, a	CKE DL. Iress (P.O. Box NOT acceptable) FL 37759	SECRETARY OF STATE TALLAHASSEE.FLORIDA	7900 NOV 19 AM 11: 15
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis	his certificate, I hereby accept t y. I further agree to comply wit erformance of my duties, and I a	the appoint In the provis Im familiar	ment as sions of all with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January (If an effective date is listed, the date must 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 member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

Typed or printed name of signee