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Office Use Only

G. MCLEOD

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**EXAMINER** 



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SECRETARY OF STATE OIVISION OF CORPURATIONS

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Alan Landscaping	Services, LLC.	
Sebsect.	(Name of Limite	d Liability Company)	
The enclosed Articles o	of Organization and fee(s) are s	ubmitted for filing.	,
Please return all corresp	ondence concerning this matte	er to the following:	
	Blanca	Millan	
	(	Name of Person)	
	Alan Landscap	ing Services, LLC.	
		(Firm/Company)	
	12700 S.W	/. 264 Street	
		(Address)	
	Miami, I	FL 33032	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Blanca	Millan	at ( 786 ) 444-262	8
(Name	e of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for	or 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 C	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:	
Alan Lar	ndscaping Services, LLC.	
	ords "Limited Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address:		
	ddress of the principal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
12700 S.W. 264 Street	12700 S.W. 264 Street	
Miami, FL 33032	Miami, FL 33032	
(The Limited Liability Company cannot se business entity with an active Florida reg	ent, Registered Office, & Registered Agent rve as its own Registered Agent. You must designate an indistration.)  address of the registered agent are:	
	Blanca Millan	SION I
	Name	2 3 ME
1.	2700 S.W. 264 Street	TARY OF CO
<del></del>	Florida street address (P.O. Box NOT acceptable)	<b>3 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 4 3 4 4 3 4 4 4 3 4 4 4 4 4 4 4 4 4 4</b>
	Miami, <sub>FL</sub> 33032	?
	City, State, and Zip	38
liability company at the place registered agent and agree to ac statutes relating to the proper	ed agent and to accept service of process for the e designated in this certificate, I hereby accept a et in this capacity. I further agree to comply with and complete performance of my duties, and I a position as registered agent as provided for in	the appointment as th the provisions of all ım familiar with and
_ 2	Willain	
Registe	red 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:

<u>Title:</u> "MGR" = Ma "MGRM" = M	nager Managing Member	Name and Address:
"MGR"	nament were	Blanca Millan
		12700 S.W. 264 Street
		Miami, FL 33032
	<del></del>	
CLE V: Effect		e date of filing: (OPTION. be specific and cannot be more than five business da
CLE V: Effect ffective date is days after th	ive date, if other than the slisted, the date must b	
CLE V: Effect ffective date is days after th	ive date, if other than the listed, the date must be date of filing.) SIGNATURE:	e specific and cannot be more than five business da
CLE V: Effect ffective date is days after th	ive date, if other than the slisted, the date must be date of filing.)  SIGNATURE:	
CLE V: Effect ffective date is days after th	ive date, if other than the slisted, the date must be date of filing.)  SIGNATURE:  Signature of a member (In accordance with se	er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
CLE V: Effect ffective date is days after th	signature of a member of this document constraint the facts stated.	er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)