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SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION

J. BRYAN

JAN 2 0 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Section Division of Corporations	
SUBJECT: Showcase Landscaping (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:	
Showcase Landscaping (Firm(Company)	
Showcase Landscaping (FirmCompany)	33.5E
Jost Myers, FL 33908  (City/State and Zip Code)  (Firm(Company)  (City/State and Zip Code)	
(Address)	503 77
Hove Myers, FL 33908 (City/State and Zip Code)	PONA
(City/State and Zip Code)	O.
For further information concerning this matter, please call:	ęn
The Resau Livezey at (239) 340-1995 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$\text{\$\text{\$\text{Status}}}}\$\$ Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

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:	09 J
Showcase Landson in (Must end with the words "Limited Liabil	it) Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company.
Principal Office Address:	Mailing Address:
7170 EMILY Dr. FORT MYCK FL 339108	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Jeresa Livez Name	<u>sey</u>
₩ ,	Iress (P.O. Box <u>NOT</u> acceptable)  FL 32108  and Zip
liability company at the place designated in t	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all

Registered Agent's Signature (REOLIRED)

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

ARTICLE IV- Manager(s) or Manager The name and address of each Manage		SIAIC SIAIC
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	JAH 16 C
bwner-mbr	Terasa Livezey 7170 mily M. Fort myers, A. 32908	25 PH 16 PH 12: 55
<del></del>		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	late of filing: (OPTIONA specific and cannot be more than five business day	
REQUIRED SIGNATURE:		
Signature of a member	or an authorized representative of a member.	
(III decordance with seen	utes an affirmation under the penalties of perjury	
TERESA L	TVEZEY ed 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)