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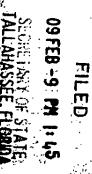


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B. KOHR FEB 1 0 2009

**EXAMINER** 



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lava Scape Broker Sill Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert J June Jr (Name of Person)  Fig. 3
NA Landrage Brokers LLC.
6360 Bear lake Terrace (Address)
Apopla, FL 32703 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert June Jr at (407) 947-7.070  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Landscape Brokers L (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6360 Bear lake Torrace Apopla, FC 32703	16360 Boar lake Torrace Apoples, EL 32703
City, State, a  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 per	egistered agent are:  Peyloce ress (P.O. Box NOT acceptable)
	)
Registered Agent's Signatu	ure (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" = Manage "MGRM" = Mana		Name and Address:	
MGR	-	Valerie E Califar 6990 Brenda Dr Apopha, Fi 32703	
	-		
	<del>-</del>		
(Use attachment if	• ,		
ARTICLE V: Effective date is liste to or 90 days after the dat	ed, the date must be sp	te of filing: ( pecific and cannot be more than five bu	OPTIONAL) isiness days prior
<b>REQUIRED</b> SIG	NATURE:		
	Ŋ	(a)	
	Signature of a member or	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 in are true.)	
	Robert 1	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)