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(Requesto	r's Name)
(Address)	
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(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	: Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:
	A. LUNT
	- "
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Office Use Only



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COVER LETTER

ŢO:	Registration S Division of Co			
SUBJE	ECT:	LAND SCAD Name of Limite	E PAVERS ed Liability Company	LLC.
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	oondence concerning this matt	er to the following:	
	Jix	Ishun u	Name of Person	
		AND SCAPE	PAVERS L.	L, C.
	68	51 WEIS	SER ST-10	/
		LANDO 7	FL. 3282/	LENAL DE LES LES LES LES LES LES LES LES LES LE
		City	//State and Zip Code	ANSI O
For fur	ther information	E-mail address: (to be used for concerning this matter, please	or future annual report notification) call:	PHI I2: 10
J	IN SHU. Name	of Person	at (201) 906 Area Code & Daytime Tele	- 6116 phone Number
Enclos	ed is a check fo	or the following amount:		
□ \$125.0	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	,

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
LAND SCAPE PAUERS LLC, (Must end with the words "Limited Liability Company, "L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
6851 WEISER ST-101 6851 WEISER ST-101 ORLANDO FL. 32821 ORLANDO FL. 32821
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: JINSHUN WW Name Name
[85] WEISER ST - 101 Florida street address (P.O. Box NOT acceptable)
ORLANDO FL 32821 City, State, and Zip
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

Tingha Wu
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Mana	ager anaging Member	Name and Address:		
N/A				
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N/A			SEX C	AY 20 PM
N/A			STATE PLORIDA	112: 18
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(Use attachmen	• ,	- C.C.V.	(OPT) (O	
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CLE V: Effective effective date is be to days after the control of	e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of a member of the date	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	usiness d	NAL) ays p

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)