

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H100001606013)))



H100001606013ABCP

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA  
 Account Number : I20000000168  
 Phone : (727) 322-0909  
 Fax Number : (727) 322-0520

FILED  
 10 JUL 13 AM 8:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**BRISAS DEL SUR GARDEN SULLPY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

10 JUL 13 PM 2:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H100001606013

H100001606013

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BRISAS DEL SUR GARDEN SUPPLY, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4501 107TH CIRCLE NORTH

SUITE 5

CLEARWATER, FL 33762

**Mailing Address:**

SAME

**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:

DAVID C HASTINGS CPA, PA

Name

2207 54TH ST S

Florida street address (P.O. Box **NOT** acceptable)

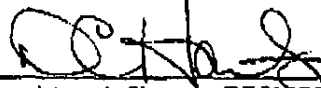
GULFPORT

FL 33707

City, State, and Zip

FILED  
10 JUL 13 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H100001606013

H100001606013

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

LETICIA B ARMAS

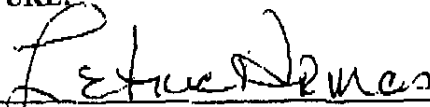
4501 107TH CIRCLE NORTH SUITE 5

CLEARWATER, FL 33752

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(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 that the facts stated herein are true.)

LETICIA ARMAS

Typed or printed name of signer

**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)

Page 2 of 2

H100001606013

FILED  
10 JUL 13 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA