U1000061998

| (Requestor's Name) | | |
|---|------|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT | MAIL | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| , | | |
| | | |
| • | | |
| | | |
| | | |
| | | |

Office Use Only



100207990361

06/09/11--01016--011 **125.00

SECRETARY OF STATE

T. CLINE

EXAMPLE

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: ENVISION | LANDSCAP | E & DESIGN, LLC | | |
|------------------------------------|--|--|---|------------------|
| | Name of Limited | Liability Company | | |
| The enclosed Articles of Organiz | ration and fee(s) are so | abmitted for filing. | | |
| Please return all correspondence | concerning this matter | r to the following: | | |
| BENNY E. HE | | Name of Person | | |
| ENVISION LA | NDSCAPE 8 | DESIGN, LLC | | |
| |) | Firm/Company | | |
| 29-101 ARBO | R CLUB DRIV | Æ | | |
| | | Address | | |
| PONTE VEDRA | , FL 32082 | | | |
| | - | State and Zap Code | | |
| envisionlandscape | | nail.com r future annual report motification) | | |
| | - | | ZA NAL NAL NAL NAL NAL NAL NAL NAL NAL NA | |
| For further information concerning | ng this matter, please o | | CRI J | tt segi. |
| BENNY E. HEADLEY | | at (904) 553-5163 | UN - | marent a resi |
| Name of Person | | Area Code & Daytime Telep | ב סיינ | |
| Enclosed is a check for the fol | lowing amount: | | F STA | |
| | 00 Filing Fee & [ificate 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) | |
| Regist Divisi P.O. E | ng Address tration Section ion of Corporations Box 6327 tassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301 | ircle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ENVISION LANDSCAPE & DESIGN, 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: | Mailing Address: |
|--|--|
| 29-101 ARBOR CLUB DRIVE PONTE VEDRA, FL 32082 | 29-101 ARBOR CLUB DRIVE PONTE VEDRA, FL 32082 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re | egistered agent are: |
| BENNY E. HEADLEY | 77 |
| Name | 골스 5 |
| 29-101 ARBOR C | LUB DRIVE |
| Florida street addi | ress (P.O. Box <u>NOT</u> acceptable) |
| PONTE VEDRA, | FL 32082 |
| City, Stat | te, 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..

Registered Agent's Signature (REOLIRED)

(CONTINUED)

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

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

| <u>Title:</u> | Name and Address: |
|--|---|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| MGRM | BENNY E. HEADLEY |
| | 29-101 ARBOR CLUB DRIVE |
| | PONTE VEDRA, FL 32082 |
| | |
| | |
| | |
| | |
| | |
| - Martin () | - |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the | he date of filing: 06/15/2011 |
| | t be specific and cannot be more than five business days pric |
| to or 90 days after the date of filing.) | |
| | AR CL WARE UN |
| DECLUBED CICAL TUDE. | 25 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| REQUIRED SIGNATURE: | |
| | |
| - Kyt | A Manda |
| Signature of a mem | aber or an authorized representative of a member of |
| (In accordance with section 6 | 608.408(3), Florida Statutes, the execution of this document |
| constitutes an affirmation un | der the penalties of perjury that the facts stated herein are true. |
| | formation submitted in a document to the Department of State |

BENNY E. HEADLEY

Typed 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)