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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

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T. CLINE

MAY 1 4 2012

EXAMINER

COVER LETTER

TO: Registration of	on Section Corporations			\$	
_{SUBJECT:} Lilie	s of the Field Landso	caping, LLC			
	Name of Limited	Liability Company		_	
The enclosed Article	es of Organization and fee(s) are sub	mitted for filing.			
Please return all com	respondence concerning this matter t	to the following:			
Michae	l K. Pitman				
	Na	ume of Person			
Lilies o	f the Field Landscapi	ng, LLC			
	Fi	rm/Company			
152 Ne	braska Circle			<u> 1942 - </u>	
		Address	YTT	219	
Sebastia	n, Florida 32958		AHA:	2	Market Market
		ate and Zip Code	SERY	0	7.74
mikepitm	an7@gmail.com		뜻유	3	7
	E-mail address: (to be used for f	uture annual report notification)	55	10 11 N	
For further informati	on concerning this matter, please ca	II:	ADA ADA	1	
Michael Pitma	at	3216071		_	
Na	me of Person	Area Code & Daytime Tele	phone Number		
Enclosed is a check	for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Sta Certified Copy (additional copy is e	atus &	
	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

iability Company is:
iability Company is:
iability Company is:
iability Company is:
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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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Michael K Pitman 152 Nebraska Circle Sebastian, FL 32963 (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:**

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Signature of a member or an authorized representative of a member.

Michael Kelly Pitman

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)