

L12000068571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

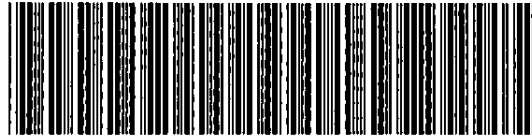
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED

2012 MAY 21 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12 MAY 21 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@advancedincorporating.com](mailto:orders@advancedincorporating.com)  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

NAME OF ENTITY

Elite Irrigation &  
Landscaping, LLC

FOR OFFICE USE ONLY

## PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

## FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP

☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☐ AMENDMENT

☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN

☐ OTHER \_\_\_\_\_

## RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY

Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 5/21/12 TIME 12:00

Notes: \_\_\_\_\_

**ARTICLES OF ORGANIZATION**

**FOR**

**Elite Irrigation & Landscaping, LLC**

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name**

The name of this Limited Liability Company is:

Elite Irrigation & Landscaping, LLC

**ARTICLE II - Business Activity**

The nature of the business of this Limited Liability Company is any and all lawful business which a Limited Liability Company is permitted to conduct in the State of Florida.

**ARTICLE III - Address**

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

**ADDRESS**

PO Box 836  
Mims, FL 32754

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

**ADDRESS**

1415 S Washington Ave  
Titusville, FL 32780

**ARTICLE IV - Managing Members**

This is a multi-member Limited Liability Company. The name and address of the managing members are:

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
William L Feagan, Jr	1845 Turpentine Rd Mims, FL 32754
Paul Gumieny	PO Box 5104 Titusville, FL 32783

**ARTICLE V – Registered Agent and Office and Registered Agent's Signature**

The name and Florida street address of the registered agent are:

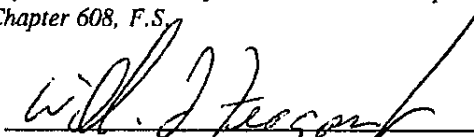
**NAME**

**ADDRESS**

William L Feagan, Jr

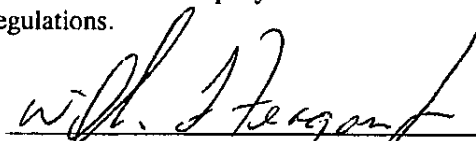
1845 Turpentine Rd  
Mims, FL 32754

*Having been named as registered agent and to accept service of process for the above stated Limited Liability Company 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.*

  
\_\_\_\_\_  
William L Feagan, Jr, Registered Agent

**ARTICLE V - Effective Date**

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date as specified herein. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these articles of organization or in the regulations.

  
\_\_\_\_\_  
William L Feagan, Jr, Managing 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)

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