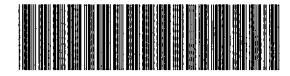
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	h
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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Office Use Only

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORGET ME NOT GARDENS LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAKOTA TALUTTO
Name of Person
FORGET ME NOT GARDENS LLC.
Firm/Company
515 HUXFORD CT.
Address
LAKE MARY, FL, 32746
City/State and Zip Code
DAKOTA.TALUTTO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAKOTA TALUTTO	407 484.4594
Name of Person	Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee & Certificate of Status

□\$130.00 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FORGET ME NOT	GARDENS LLC.		
	(Must end with the words "	'Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -		ear the company to the said that	92
The mailing add	iress and street addre	ss of the principal office of the Limited Liabi	Hity Company is:
Principal Offic	e Address:	Mailing Address:	
515 HUXFORD CT		515 HUXFORD CT.	
LAKE MARY, FL, 3		LAKE MARY, FL, 32746	
	· · · · · · · · · · · · · · · · · · ·		
business entity with		Registered Office, & Registered Agent's S its own Registered Agent. You must designate an individua on.)	al or another
•	y Company cannot serve as an active Florida registration	rits own Registered Agent. You must designate an individual on.) ress of the registered agent are:	al or another
•	y Company cannot serve as an active Florida registration the Florida street addr	its own Registered Agent. You must designate an individue on.)	al or another Sacket ARY C ALLAHASSEE
•	y Company cannot serve as an active Florida registration the Florida street addr	rits own Registered Agent. You must designate an individual on.) ress of the registered agent are:	al or another
•	y Company cannot serve as an active Florida registration he Florida street address DAKOTA TALUTTO 515 HUXFORD CT.	rits own Registered Agent. You must designate an individual on.) ress of the registered agent are:	2813 MAR8 AM II: SSCHETARY OF STA
•	y Company cannot serve as an active Florida registration he Florida street address DAKOTA TALUTTO 515 HUXFORD CT.	rits own Registered Agent. You must designate an individual on.) ress of the registered agent are: Name rida street address (P.O. Box NOT acceptable)	al or another Sacket ARY C ALLAHASSEE
•	y Company cannot serve as an active Florida registration he Florida street address DAKOTA TALUTTO 515 HUXFORD CT.	ress of the registered agent are:	2813 MAR8 AM II: SSCHETARY OF STA

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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 Mer	nber
MGR	DAKOTA TALUTTO
	515 HUXFORD CT.
	LAKE MARY, FL, 32746

(Use attachment if necessar TICLE V: Effective date, if oth	er than the date of filing: (OPTIONAL)
an effective date is listed, the or to or 90 days after the date o	date must be specific and cannot be more than five business days of filing.)
REQUIRED SIGNATUR	F·
<u>RECOIRED</u> SIGNATOR	
	LARE S T
Signature	of a member or an authorized representative of a member.