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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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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Tropical Toxt Land Scaping 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:
James' Rick" Hutchens
Name of Person
Firm/Company
142 Tobacco Rd, Havara, PT 32333
•
City/State and Zip Code
City/State and Zip Code Oph. Do hotmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pick Hutchens at (850) 445-8281 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
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: Mailing Address: 142 TobaccoRd. Havana, F1 32333 Havana, F1 32333
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: Name Name
Florida street address (P.O. Box NOT acceptable) Havana, Fl 32333 City, State, 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 (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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	James Authors 142 Topacco Rd Havana, R1 32333
MGRM	Fact 13710 Cates Ave. Taulahassea Ry 323
mgr	Samantha Uney 3910 Caks Aut. Tallahassey Pr 32310
(Use attachment if necessary)	
	e date of filing: (OPTIONAL) st be specific and cannot be more than five business days
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. 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.)

Typed or printed name of signed

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)