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AUG 2 0 2013 T. HAMPTON (850) 245-6051.

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: First Nature Guide Service, 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:

John L Larson	
Name of Person	
Firm/Company	
2110 ne 39th blvd	
Address	
Okeechobee, Florida 34972	
City/State and Zip Code	
firstnatureguideservice@gmail.com	
C mail address the he word for future convey report notification	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John L Larson

<sub>.</sub>863 <u> 634-665</u>

Name of Person

Area Code & Daytime Telephone 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 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

<b>ARTICLE I - Name:</b> The name of the Limited Liability Com	pany is:
First Nature Guide Service, LLC	
(Must end with the words "Lin	ited 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:
1110-par 6111-6-114-1-55-	
John L Larson	John L Larson
2110 ne 39th blvd	2110 ne 39th blvd
Okeechobee, Fl 34972	Okeechobee, Fl 34972
The name and the Florida street address  John Louis Millard La	
John Zould William Ed	Name
2110 ne 39th blvd	
	street address (P.O. Box NOT acceptable)
	Okeechobee, Fl 34972
	City, State, and Zip
liability company at the place design registered agent and agree to act in th all statutes relating to the proper and	t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with ion as registered agent as provided for in Chapter 608, F.S
$\cap$	J.

(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:

"MGR" = Manager "MGRM" = Managing Member	
MGRM	John L Larson 2110 ne 39th blvd Okeechobee, Fl 34972
(Use attachment if necessary)	
	an the date of filing: (OPTIONAl must be specific and cannot be more than five busine ng.)
REQUIRED SIGNATURE:	
	$\bigcap$ $A$ $A$ $A$

(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.)

John L Larson

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)

DIVISION OF COMMENTURE