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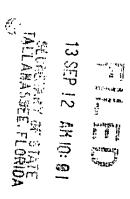
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1. Silvers SEP 1 3 2013

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Eartl	nscape LLC		
SUBJECT:		ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this man	ter to the following:	
Frank E	lkins	•	
		Name of Person	
Earthso	ape LLC		
		Firm/Company	
2102 B	elvedere Ave		
	•	Address	
Fernan	dina Beach F	L 32034	
jfrankelkin	s@bellsouth.net	ty/State and Zip Code  for future annual report notification)	
	-	-	
For further information	concerning this matter, please	e caii:	
Frank Elkir	าร	<sub>at</sub> 904 686-49	940 🔩 🗀 🗀
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or the following amount:		HASSE 7
□\$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)
	h#-915 4.33	SA A J. J	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

٠,

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

ARTICLE I - Name: The name of the Limited Liability Company is	<b>:</b>			
Earthscape LLC				
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited L	iability Co	ompai	ny is:
Principal Office Address:	Mailing Address:			
2102 Belvedere Ave	2102 Belvedere Ave			
Fernandina Beach FL 32034	Fernandina Beach FL 32034			
business entity with an active Florida registration.)  The name and the Florida street address of the  Frank Elkins  Name		TALLAHA:	13 SEP 1	CO-1PF COMPM:
2102 Belvedere Ave		in the second se	2	(774) हा स्वरूप रहे इंट
Florida street ac	ddress (P.O. Box NOT acceptable)	24 24		i i f
Fernandina Beach FL 32	203 <u>4</u>	92 F	<b>رت</b>	) 
City, S	state, and Zip	On A		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and comple and accept the obligations of my position as referenced to the proper and complete the obligations of my position as referenced to the proper and complete the obligations of my position as referenced to the proper and complete the proper and complete the obligations of my position as referenced to the proper and complete the place designated in the place agent and to the place designated in the place agent and agree to act in this capa all statutes relating to the proper and complete and accept the obligations of my position as referenced in the place agent and agree to act in this capa all statutes relating to the proper and complete and accept the obligations of my position as referenced in the place and accept the obligations of my position as referenced in the place and accept the obligations of my position as referenced in the place and accept the obligations of my position as referenced in the place and accept the obligations of my position as referenced in the place and accept the place accept the place and accept the place accept the p	this certificate, I hereby accept acity. I further agree to comply vete performance of my duties, an registered agent as provided for	the appoir vith the pr ed I am fan	ntmen ovisio niliar	t as ons of with

(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	Name and Address:
<del>-</del>	•
"MGRM" = Managing Member	
MGRM	Frank Elkins
	2102 Belvedere Ave
	Fernandina Beach FL 32034
MGR	Barbara C McOuffie
	85194 Airplane Lane
	Yulee FL 32097
	•
<u>.</u>	
(Use attachment if necessary)	
,	1. COMMONIA
CLE V: Effective date, if other than the	——————————————————————————————————————
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL st be specific and cannot be more than five business
CLE V: Effective date, if other than the effective date is listed, the date mus	
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:	er or an authorized representative of a member?
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	er or an authorized representative of a member 38.408(3), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are trues mation submitted in a document to the Department of States.

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)