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10/24/13--01019--024 **125.00

Effective Date 10/29/13

SECRETARY OF STATE TALL AHASSEE, FLORIDA

2013 OCT 24 PM 2: 3

OCT 2 5, 2013

T. HALLETON

TO:

Registration Section

COVER LETTER

Division of Co	orporations	•	
SUBJECT: FL	ORIDA OUTDO	OOR HARDSCAPES ted Liability Company	LLC.
	Name of Limit	ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this matt	ter to the following:	
	TRENT	DUBOVSKY Name of Person	
		Name of Person	
F	LORIDA OUTDO	OOR HARDSCAPES	LLC.
		Firm/Company	
	# P.O. BOX	Z116 Address	
		Address	
	RIVERVIEW	ty/State and Zip Code OVSKY O YAHOO. COA for future annual report notification)	69
	. Cit	ty/State and Zip Code	
	TRENT DUBO	VSKY (O) YAHOO. CO	n 561-398-1408
For further information	concerning this matter, please	call:	
TINA VINC	ENT	at (561) 398 -14	108
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or 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	Street/Courier Address Registration Section	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Effective Date 10/22/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: FLORIDA OUTDOOR HARDSCAPES LLC. (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:** P.O. BOX 2116 RIVERVIEW, FLORIDA 11344 US HWY 41 50 UT GIBSONTON FL. 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: TRENT BUBOUSKY 11344 U.S. HWY YI SOUTH Florida street address (P.O. Box NOT acceptable) City, State, and Zip liability company at the place designated in this certificate, I hereby accept the appointment as

Having been named as registered agent and to accept service of process for the above stated limited 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..

Signature (REOVIRED)

(CONTINUED)

Page 1 of 2

 ARTICLE IV- Manager(s) or Managing Member(s) 	s):
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Title:

The name and address of each Manager or Managing Member is as follows:

Name and Address:

"MGR" = Manager "MGRM" = Managing Member	
mbr_	TRENT DUBOUSKY 11344 U.S. HWY 41 SOUTH 61BSONTON, FL 33584
m6RM	TINA VINCENT 1/344 U.S. HWY 41 SOUTH 61BSONTON, FL 33534
	he date of filing: OCTOBER 22,2013 OPTION
CLE V: Effective date, if other than t effective date is listed, the date muto or 90 days after the date of filing.)	ust be specific and cannot be more than five busin
CLE V: Effective date, if other than the effective date is listed, the date muston or 90 days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five busin
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