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(Req	uestor's Name)	
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Certified Copies	Certificate	s of Status
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EFFECTIVE DATE

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COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: BWG Landscape & Irrigation, 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:	
Roger W. Conner III	
Name of Person	_
BWG Landscape & Irrigation, LLC	_
Firm/Company	
2459 Clark Street, #2	_
Address	
Apopka, Florida 32703	
City/State and Zip Code rwconner3@gmail.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Roger Conner 407 252-9770	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
	FILED JAN 15 PK 4: In

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOF ORGANIZATIO:	NTONT LONDALIMITED LABILITY COM	FAINT
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
BWG Landscape & Irrigation, LLC		
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "L	LC.")
ADTICLE II. Addison		
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
BWG Landscape & Irrigation, LLC	BWG Landscape & Irrigation, LLC	
2459 Clark Street, #2	2459 Clark Street, #2	
Apopka, Florida 32703	Apopka, Florida 32703	
The Limited Liability Company cannot serve as in another business entity with an active Florida regular file of the name and the Florida street address of the regular file.	istration.)	ate an individual or
	,	
John Mathews	Name	
	Name	
2459 Clark Street, #2		
Florida street address (P.	O. Box NOT acceptable)	
Арорка	FL 32703	
City	Zip	
Having been named as registered agent and to ac the place designated in this certificate, I hereb capacity. I further agree to comply with the pro- of my duties, and I am familiar with and accept	y accept the appointment as registered agent visions of all statutes relating to the proper a	t and agree to act in this and complete performance
Registered Agent's	s Signature (REQUIRED)	14 SECR TALLA
	NTINUED) age 1 of 2	
16	-gc (01 &	0 m 4: 10

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	John Matnews
	2459 Clark Street, #2
	Арорка, Florida 32703
MGR	Charles Capehart, Jr.
	2459 Clark Street. #2
	Apopka, Florida 32703
MGR	Roger W Conner III
	2459 Clark Street, #2
	Apopka, Fiorida 32703
· · · · · · · · · · · · · · · · · · ·	
CV: Effective date, if other than the	te date of filing: January 1, 2014 . (OPTIONAL) be specific and cannot be more than five business days prior to or
Use attachment if necessary) EV: Effective date, if other than the ctive date is listed, the date must filling.) EVI: Other provisions, if any.	te date of filing: January 1, 2014 (OPTIONAL) be specific and cannot be more than five business days prior to or
EV: Effective date, if other than the ctive date is listed, the date must filling.)	te date of filing: January 1, 2014 (OPTIONAL) be specific and cannot be more than five business days prior to or
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ARTICLE IV-