L14000011928

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400255569904

01/15/14--01004--010 **160.00

SECRETARY IN SATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Avalon Rubber Mulch, 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:	,
Mark E. Malone	
Name of Person	
Avalon Rubber Mulch, LLC	
Firm/Company	
3464 Donoso Ct	
Address	
Naples, Florida 34109	
City/State and Zip Code	
Markfsk@gmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mark E. Malone Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$\$ \$155.00 Filing Fee & Certificate of Status & 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	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name The name of the Lim	e: nited Liability Company is	x:
Avalon Rubber Mulch, LLC		
		s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		principal office of the Limited Liability Company is:
Principal Office Ad	ldress:	Mailing Address:
3464 Donoso Ct		3464 Donoso Ct
Naples, FL 34109		Naples, FL 34109
another business ent	ty Company cannot serve ity with an active Florida orida street address of the Mark E. Malone	
	Mark E. Marche	Name
	3464 Danosa Ct	
	Florida street address	(P.O. Box <u>NOT</u> acceptable)
	ıvapies	FL 34109
	City	Zip
the place designa capacity. I further	ated in this certificate, I he agree to comply with the	o accept service of process for the above stated limited liability company at reby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance cept the obligations of my position as registered agent as provided for in Chapter 605, F.S
	Registered Ag	ent's Signature (REQUIRED)
	(0	CONTINUED) Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Mem	
MGR" = Manager	
AMBR	Mark E. Malone
	3464 Donoso Ct
	Naples, FL 34109

	<u> </u>
<u> </u>	
Use attachment if necessary	
filing.)	han the date of filing:
f filing.)	must be specific and cannot be more than five business days prior to or 9
f filing.) E VI: Other provisions, if any REQUIRED SIGNATURE	must be specific and cannot be more than five business days prior to or 9
Filing.) E VI: Other provisions, if any REQUIRED SIGNATURE Signat (In accordance we constitutes an a 1 am aware that	must be specific and cannot be more than five business days prior to or 9
Filing.) E VI: Other provisions, if any REQUIRED SIGNATURE Signat (In accordance we constitutes an a 1 am aware that constitutes a thi	inust be specific and cannot be more than five business days prior to or 9 i. i. i. i. i. i. i. i. i. i
Filing.) E VI: Other provisions, if any REQUIRED SIGNATURE Signat (In accordance we constitutes an a 1 am aware that constitutes a thi	inust be specific and cannot be more than five business days prior to or 9 i. i. i. i. i. i. i. i. i. i
REQUIRED SIGNATURE Signat (In accordance we constitutes an a I am aware that constitutes a thi	inust be specific and cannot be more than five business days prior to or 9 i. i. i. i. i. i. i. i. i. i
REQUIRED SIGNATURE Signat (In accordance we constitutes an all am aware that constitutes a thing the state of	ure of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document ffirmation under the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.) Malone Typed or printed name of signee Filing Fees: ticles of Organization and Designation of Registered Agent
REQUIRED SIGNATURE Signat (In accordance we constitutes an all am aware that constitutes a thing the state of	ure of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.) Malone Typed or printed name of signee Filing Fees: ticles of Organization and Designation of Registered Agent Optional)
REQUIRED SIGNATURE Signat (In accordance we constitutes an all am aware that constitutes a thing the state of	ure of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.) Malone Typed or printed name of signee Filing Fees: ticles of Organization and Designation of Registered Agent Optional)
REQUIRED SIGNATURE Signat (In accordance we constitutes an all am aware that constitutes a thing the state of	ure of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document ffirmation under the penaltics of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.) Malone Typed or printed name of signee Filing Fees: ticles of Organization and Designation of Registered Agent Optional)
REQUIRED SIGNATURE Signat (In accordance we constitutes an all am aware that constitutes a thing the state of	ure of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document filtrination under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.) Melone Typed or printed name of signee Filing Fees: ticles of Organization and Designation of Registered Agent Optional) tus (Optional)
REQUIRED SIGNATURE Signat (In accordance we constitutes an all am aware that constitutes a thing the state of	ure of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.) Malone Typed or printed name of signee Filing Fees: ticles of Organization and Designation of Registered Agent Optional) tus (Optional)

13 to 12 to