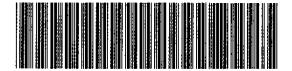
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(Requ	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phone	= #)
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Prestige Landscape & Garden C</u> Name of Li	enter LLC mited Liability Company	
	Tallie of El	imed Diaonity Company	造型 码
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	强力 。
Please	return all correspondence concerning this n	natter to the following:	
	Stanley Preston		
		Name of Person	
	Prestige Landscape & Garden Cer	ator I I C	
	Frestige Landscape & Garden Cei	Firm/Company	
		. ,	
	12195 SE Federal Hwy		
		Address	
	Hobe Sound, Fl. 33455	City/State and Zip Code	
		•	
<u>pr</u>	estigelandscape.gardencenter@gmail.e E-mail address: (to be use	com ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
1 01 141	the members concerning this matter, pre-	aso our.	
Stanle	ey Preston at (561) 202-7238	
•	Name of Person		lephone Number
ъ.			
_	ed is a check for the following amount:	_	_
\$125.0	00 Filing Fee \$\Boxed{\subsets}\$130.00 Filing Fee &\Cartificate of Status	□\$155.00 Filing Fee &	☑\$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(,	(additional copy is enclosed)
	Mailing Address	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section Division of Corporat	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cen	
		Tallahassee, FL 323	VI

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Prestige Landscape & Garden Center 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 print	ncipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
12195 SE Federal Hwy Hobe Sound FL. 33455		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered Agent. You must	
The name and the Florida street address of the re	gistered agent are:	
Stanley Preston		_
	Name	
12195 SE Federal Hwy Florida street address (P	O. Box <u>NOT</u> acceptable)	
Hobe Sound	FL 33455	
City	Zip	
Having been named as registered agent and to a 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 accep	by accept the appointment as registere ovisions of all statutes relating to the position as registere (Chapter 605, E.S.).	ed agent and agree to act in this proper and complete performance
Registered Agent	's Signature (REQUIRÉD)	
(co)	NTINUED)	, , ,
P	age 1 of 2	WITTYRYSSET TO SECOND TO THE LEG

Title: "AMBR" = Authorized N "MGR" = Manager	Member	Name and Address:	
- · · · · · · · · · · · · · · · · · · ·			
EV: Effective date, if ot	her than the date of filing	g: (OPTI ad cannot be more than five business days p	ONAL) prior to or
E V: Effective date, if ot ective date is listed, the of filling.)	her than the date of filing	g: (OPTI ad cannot be more than five business days j	ONAL) prior to or
E V: Effective date, if ot ective date is listed, the of filling.)	her than the date of filing	: (OPTI	ONAL) prior to or
E V: Effective date, if ot ective date is listed, the coffiling.) E VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance constitutes an a I am aware tha	her than the date of filing late must be specific and fany. JRE: gnature of a member of with section 103,0203 (affirmation under the pet any false information s	ran authorized representative of a member (1) (b), Florida Statutes, the execution of this nalties of perjury that the facts stated herein submitted in a document to the Department of the ovided for in s.817.155, F.S.)	er. s documen are true.
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