## L14000050036

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SEURETARY OF STATE

R 24 PH 3: 44

C. LEWIS

MAR 2 6 2014

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Kellers Quality Landscaping Name	LLC of Limited Liability Company	
The enclosed Articles of Organization and for	ee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Ron Keller	Name of Person	
	Ivanic of reison	
Kellers Quality Landscaping	LLC Firm/Company	
447 Old Farm LN		
	Address	
Winter Spgs. FL 32708	City/State and Zip Code	
KellersQualityLandscapingLLC@ac E-mail address: (to	•	cation)
For further information concerning this matt	er, please call:	
Ron Keller Name of Person	at ( <u>407</u> ) <u>967-5218</u> Area Code Daytime T	elephone Number
Enclosed is a check for the following amour	<b>t</b> :	
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fe Certificate of Sta		☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPRUYEU AND FILED

ı vj			
AR	TTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COM	14 MAR 24 PM 3: 44 MPANY SECRETARY OF STATE TALL AHASSEE, FLORIDA
ARTICLE I - Name The name of the Limi	: ted Liability Company is:		TALL AHASSEE, PLORIDA
Kellers Quality Lan	dscaping LLC (Must end with the words "Lin	mited Liability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Addr The mailing address a		ipal office of the Limited Liability Comp	pany is:
Principal Office Add	iress:	Mailing Address:	
447 Old Farm LN Winter Spgs. FL 32	2708	447 Old Farm LN Winter Spgs. FL 32708	<del></del>
(The Limited Liability another business enti	y Company cannot serve as its ty with an active Florida regis orida street address of the regis		
	Ron Keller	Name	
	447 Old Farm LN Florida street address (P.O.	). Box NOT acceptable)	
	Winter Spgs City	FL <b>32708</b> Zip	
the place designate capacity. I further to	as registered agent and to acce ted in this certificate, I hereby o agree to comply with the provis I am familiar with and accept t	ept service of process for the above stated accept the appointment as registered ages sions of all statutes relating to the proper the obligations of my position as registered Chapter 605, F.S	nt and agree to act in this and complete performance

(CONTINUED)

Page 1 of 2

	14 MAR 24 PM 3:		
ARTICLE IV-	to account and account the Friedrich Tielling Commence of the		
The name and address of each person authorized	to manage and control the Limited Liability Company $\gamma = 0.5  \%$		
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Ron Keller		
	447 Old Farm LN		
	Winter Spgs, Fl 32708		
***************************************	**************************************		
· · · · · · · · · · · · · · · · · · ·			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing	(OPTIONAL)		
(If an effective date is listed, the date must be specific an the date of filing.)	nd cannot be more than five business days prior to or 90 days af		
ARTICLE VI: Other provisions, if any.			
	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document		
constitutes an affirmation under the per	nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State		
Pon Keller			

Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Section (Optional)

\$ 5.00 Certificate of Status (Optional)