# L14 0000 508 23

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	ment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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03/24/14--01012--014 \*\*155.00

EFFECTIVE DATE 03-18-14

DATE OF THE CALL MAS

B. BOSTICK
MAR 2 7 2014

**F**17 ... 1.11

## **COVER LETTER**

TO: Registration Division of 0	n Section Corporations		·
SUBJECT: L	Name of Lin	cape Services nited Liability Company	LLC.
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
<u>-</u>	Micha	Name of Person	
-	LAMLA	Ascape Servi	ices LLC.
	4627 Hunte	er Aidge Deiv	<u>e</u>
	Sarasota	FL 34233 ity/State and Zip Code	
	LMLandsc	Services @	mas. coday 4
For further informatio	on concerning this matter, plea	se call:	
Michael Nan	Nielsen at (_	Area Code Daytime Te	d733
Enclosed is a check for	or the following amount:	,	· 13
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

**Principal Office Address:** 

The name of the Limited Liability Company is:

e Drive	468	ofwhere, F	n Ridge Drive L 34233
not serve as its ow	n Registered		
ress of the registere	ed agent are:		
r Ridge Lo	<u>andscc</u>	upe INC	<u>.                                    </u>
) Fruitville	e Acad	ı	
•			<del></del>
asota	FL	34240	)
City		Zip	
icate, I hereby acce with the provisions ith and accept the o Cha	pt the appoin s of all statute bligations of t pter 605, F.S.	tment as register s relating to the ny position as re	red agent and agree to act in this proper and complete performance
	ress of the registered Name of the registered	ress of the registered agent are:  Ridge Landsco Name  Fruitville Road et address (P.O. Box NOT accept City  gent and to accept service of procedicate, I hereby accept the appoint with the provisions of all statute ith and accept the obligations of Chapter 605, F.S.	ress of the registered agent are:  Ridge LandScape INC  Name  D Fruitville Road  et address (P.O. Box NOT acceptable)  OSONO FL 34240

(CONTINUED)

Page 1 of 2

The nar	ne and address of each p	person authorized to manage and control the Limited Liability Company:	
Title:	N A 4 i d N i	Name and Address:	
	<pre>" = Authorized Member = Manager</pre>	r	
AM	BR	Michael Nielsen	
		Scrasota FL 34233	
Mo	. a	Loss. Andreson	
1700	7.17	4627 Huster Ridge Drive	
		Sarosota, FL 34233	
(Use att	achment if necessary)		
RTICLE V: Ei an effective da e date of filing.	ite is listed, the date mi	the date of filing: 3182014 (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90	0 days a
RTICLE VI: O	ther provisions, if any.		
REQUI	RED SIGNATURE:		
	an E		
	(In accordance with se	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document	
	I am aware that any fa	tion under the penalties of perjury that the facts stated herein are true.  alse information submitted in a document to the Department of State  aree felony as provided for in s.817.155, F.S.)	
	I am aware that any fa constitutes a third deg	alse information submitted in a document to the Department of State	

Page 2 of 2

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