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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nam	e)
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SECRETARY OF STATE
TALLAHASSEE, FLORID,

4. Stavers APR 0'7 2014

COVER LETTER . . .

TO:		ion Section of Corporations			
SUBJE	CT: Eder	Lawn & Gardens, LLC			
2222			imited Liabilit	y Company	
		les of Organization and fee(s)		_	
Please	return all co	rrespondence concerning this	matter to the fo	llowing:	
	Kevin	Johnson			
			Name of F	erson	
	Eden	Lawn & Gardens, LLC			
	Edon	Lawii a daidoilo, LLO	Firm/Con	pany	
	00000	F			
	96063	Estate Dr.	Addres	ss ·	
	Yulee,	FL 32097	C't-/54-4	7:- 0-1-	
0.0	lonlaardon	s@gmail.com	City/State and	Zip Code	
	iei ligai dei i	E-mail address: (to be us	ed for future a	nnual report notific	ation)
For fur	ther informa	tion concerning this matter, pl	ease call:		
		-			
Kevin	Johnson		904	735-5533	
	ľ	lame of Person	Area Code	Daytime Te	elephone Number
Enclose	ed is a check	for the following amount:			
□ \$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & 1 Copy copy is enclosed)	\$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Eden Lawn & Gardens, 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 principal office of the Limited Liability Company is: Principal Office Address: 96063 Estate Dr Yulee, FL 32097 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Kevin Johnson Name 96063 Estate Dr Florida street address (P.O. Box NOT acceptable) Yulee FL 32097 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby greety throughoutment as registered agent and agree to act in this capacity. I further agree to comply with the professions of distantes relating to the proper and complete performance of my duties, and I am familiar with old accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED) (CONTINUED)	ARTICLE I - Name: The name of the Limited Lia	ability Company is:			
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Page 1 of 2	the place designated in t capacity. I further agree t	his certificate, I hereby gote to comply with the provisions miliar with old accept the o Cha Registered Agent's Sign	ept the appointment as registered a s of all statutes relating to the prop obligations of my position as registed upter 605, F.S nature (REQUIRED)	igent and agree to per and complete	o act in this performance

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR 5	Kevin Johnson	_
_	96063 Estate Dr	
	Yulee, FL 32097	
ective date is listed, the date must be	date of filing: April 15, 2014 (OPTIONAL) e specific and cannot be more than five business days prior to or 9	00 da
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