## <u>L14000076749</u>

| (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: |   |
|   |   |
|   |   |
| W14-25909, Eff. Date                    |   |

Office Use Only



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EFFECTIVE DATE OH 21-14

в. воsтіск мау **1 2** 2014

EXAMINER

## **COVER LETTER**

| TO: Registration Division of | n Section<br>Corporations                   |   |  |   |
|------------------------------|---|---|--|---|
| SUBJECT: Phil Ma             | addux Landscape Architec<br>Name of Lin     | at LLC<br>mited Liability Company                                   | <u>.</u>   |   |
| The enclosed Articles        | of Organization and fee(s) a                | re submitted for filing   |  |   |
|                              | espondence concerning this m                | _   |  |   |
| Dhillin M                    | \$ 6 a datum                                |   |  |   |
| <u>rmiiip w</u>              | . Maddux                                    | Name of Person  | # · · · ·  |   |
| Phil Mad                     | dux Landscape Architect                     |   |  | *************************************** |
|                              |   | Firm/Company  |  |   |
| <u>577 s.w.</u>              | Hidden River Avenue                         | Address   |  | <del></del>                             |
|                              |   |   |  |   |
| <u>Palm Cit</u>              | y, Fl. 34990<br>(                           | City/State and Zip Code   |  | <del></del>                             |
| philmaddux@g                 | mail.com<br>E-mail address: (to be use      | d for future annual report notifice                                 | ntion)   | 295                                     |
| For further information      | on concerning this matter, ple              | ase call:   |  |   |
| Phil Maddux                  | at ( `                                      | 772 ) 286-4061  |  | <del>.</del>                            |
|                              | ne of Person                                |   | lephone Number   | U                                       |
| Enclosed is a check for      | or the following amount:                    |   |  | 1: 20                                   |
| ☑ \$125.00 Filing Fee        | \$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Filing<br>Certificate of<br>Certified Copy<br>(additional copy | Status &                                |
|                              | iling Address<br>istration Section          | Street/Courier Add<br>Registration Section                          | ress   |   |

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

| Phil Maddux Landscape Architect LLC (Must end with the words "Lin   | mited Liability Company, "L.L.C.," or                                  | "LLC.")                |
|---|--|------------------------|
| ARTICLE II - Address: The mailing address and street address of the princi  | , ,  |                        |
| Principal Office Address:   | Mailing Address:   |                        |
| Phil Maddux   | 577 s.w. Hidden River Ave:<br>Palm City, Florida 34990                 | nue                    |
|   |  |                        |
| ARTICLE III - Registered Agent, Registered Of<br>(The Limited Liability Company cannot serve as its<br>another business entity with an active Florida regis   | s own Registered Agent. You must design                                |                        |
| (The Limited Liability Company cannot serve as its  | s own Registered Agent. You must designation.)                         | gnate an individual or |
| (The Limited Liability Company cannot serve as its another business entity with an active Florida regis  The name and the Florida street address of the regis  Phil Maddux                          | s own Registered Agent. You must designation.) stered agent are:       | gnate an individual or |
| (The Limited Liability Company cannot serve as its another business entity with an active Florida regis  The name and the Florida street address of the regis  Phil Maddux                          | s own Registered Agent. You must designation.)                         | gnate an individual or |
| (The Limited Liability Company cannot serve as its another business entity with an active Florida regis  The name and the Florida street address of the regis  Phil Maddux  577 s.w. Hidden River A | s own Registered Agent. You must designation.) stered agent are:  Name | gnate an individual or |
| (The Limited Liability Company cannot serve as its another business entity with an active Florida regis  The name and the Florida street address of the regis  Phil Maddux                          | s own Registered Agent. You must designation.) stered agent are:  Name | gnate an individual or |
| (The Limited Liability Company cannot serve as its another business entity with an active Florida regis  The name and the Florida street address of the regis  Phil Maddux  577 s.w. Hidden River A | s own Registered Agent. You must designation.) stered agent are:  Name | gnate an individual or |

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 accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| Title:   | Name and Address:  |              |
|--|--|--------------|
| "AMBR" = Authorized Member   |  |              |
| 'MGR" = Manager  |  |              |
| Phil Maddux Mab  | Phil Maddux  |              |
|  | 577 s.w. Hidden River Avenue   |              |
|  | Palm City, FI 34990  |              |
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| ctive date is listed, the date must be spe<br>f filing.)   | GROCOP My Ibellar  4-21-14- of filing: April 2014 (OPTIONAL) ecific and cannot be more than five business days prior to or s   | )0 da        |
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| retive date is listed, the date must be spet f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me   | Manager of a member.   | 00 da        |
| E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a meter (In accordance with section 60)   | mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document  |              |
| retive date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a men (In accordance with section 60) constitutes an affirmation under I am aware that any false information.  | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State.   |              |
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| REOUIRED SIGNATURE:  Signature of a mee  (In accordance with section 60: constitutes an affirmation unde I am aware that any false infort constitutes a third degree felon.  Phillip M. Maddu  | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)  EX  Typed or printed name of signee  Filing Fees: | 2017 27 2 II |



April 23, 2014

PHILLIP M. MADDUX 577 S.W. HIDDEN RIVER AVENUE PALM CITY, FL 34990

SUBJECT: PHIL MADDUX LANDSCAPE ARCHITECT LLC

Ref. Number: W14000025909

We have received your document for PHIL MADDUX LANDSCAPE ARCHITECT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 21, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 914A00008728