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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: For The Love Of Gardening, LLC Name of Lin	nited Liability Company
The enclosed Articles of Organization and fec(s) ar	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Ella Renea Bray	Name of Person
For The Love Of Gardening LLC	Pl C
	Firm/Company
1915 Banbury Road	Address
Jacksonville, FL 32211	City/State and Zip Code
Ella.R.Brav@gmail.com	d for future annual report notification)
For further information concerning this matter, plea	ase call:
Ella R Bray at ( §	904 ) 614-2328  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  Status & Certified Copy (additional copy is enclosed)
Mailing Address  Registration Section  Division of Corporations	Street/Courier Address Registration Section Division of Corporations

Registration Section Division of Corporation 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
For The Love Of Gardening, LLC	
	.iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1915 Banbury Road	1915 Banbury Road
Jacksonville, FL 32211	Jacksonville, FL 32211
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.  The name and the Florida street address of the registered a	tegistered Agent. You must designate an individual or
Ella Renea Bray	
Name	180
1915 Banbury Road Florida street address (P.O. Box I	NOT acceptable)
Jacksonville,	FL 32211
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	(D)
	SO S

Title:  "AMBR" = Authorized N	Name and Address: Member		
"MGR" = Manager		=	
		_	
(Use attachment if necess  LE V: Effective date, if other	ner than the date of filing: June 1520	June OFITIONAL) days prior to or 9	
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