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COVER LETTER

	istration Section ision of Corporations	tas.	
SUBJECT:	American GreenScapes, LLC		
	Name of Li	imited Liability Company	
The enclosed	Articles of Organization and fee(s)	are submitted for filing.	
Please return	all correspondence concerning this r	natter to the following:	
<u>.</u>	lustin Andrew Moore		
		Name of Person	
	American GreenScapes, LLC		
_		Firm/Company	
4	1358 Whittner Dr.		
_		Address	
1	and O Lakes, Fl 34639		
_		City/State and Zip Code	
Amoore	elol@me.com		·
	E-mail address: (to be us	ed for future annual report notifica	ation)
For further in	formation concerning this matter, ple	ease call:	
Justin Andr	ew Moore at (813 997-5392	
	Name of Person		lephone Number
Enclosed is a	check for the following amount:		
	ng Fee Signatus Signature of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Add Registration Section	ress
	Division of Corporations	Division of Corpora	tions

P.O. Box 6327 Tallahassee, FL 32314

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:		
American GreenScapes, LLC		
(Must end with the words "Limited	l Liability Company, "L.L.C.," or "LLC	.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
4358 Whittner Dr. Land O Lakes, Fl 34639	4358 Whittner Dr. Land O Lakes, Fl 34639	
Land O Lakes, 110-1000	Euro o Euroo, 1104000	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered.	n Registered Agent. You must designate on.)	an individual or
Justin Andrew Moore		
Namo	e	
4358 Whittner Dr.		
Florida street address (P.O. Bo	x <u>NOT</u> acceptable)	
Land O Lakes	FL 34639	
City	Zip	
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob Chap	pt the appointment as registered agent ar of all statutes relating to the proper and	nd agree to act in this I complete performance
Registered Agent's Signa	ature (REQUIRED)	18
(CONTINU	JED)	AUG.
Page 1 of		"4 AUG 27 AM 7: 34 Call Assert Augusta

Justin Andrew Moore 4358 Whittner Dr. Land O Lakes, Fl 34639 V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Justin Andrew Moore Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u>Γitle:</u>	Name and Address;	
Justin Andrew Moore 4358 Whittner Dr. Land O Lakes, FI 34839 Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. Signature of a member or an authorized representative of a member. (In accordance with section 66 05.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Justin Andrew Moore Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	AMBR" = Authorized Member	 	
Jee attachment if necessary) V: Effective date, if other than the date of filing:	MGR" = Manager		
Land O Lakes, FI 34639 Land O Lakes, FI 34639 V: Effective date, if other than the date of filing:	MGR		
Use attachment if necessary) V: Effective date, if other than the date of filing:			
Use attachment if necessary) V: Effective date, if other than the date of filing:		Land O Lakes, FI 34639	
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