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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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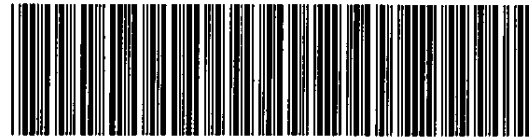
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 SEP -2 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2014

S. YOUNG

Department of State of Florida
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: 4 ELEMENTS LANDSCAPING, LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**SCOTT M. CARROLL & VICTORIA E. CARROLL
4 ELEMENTS LANDSCAPING
538 W. OSCEOLA STREET
CLERMONT, FL 34711
Thunderbaylandscapes@gmail.com**

For further information concerning this matter, please call:

**SCOTT M. CARROLL at 352-250-8678
VICTORIA E. CARROLL at 352-250-9378**

Enclosed is a check for the following amount:

_____ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Cert. of Status

_____ \$155.00 Filing Fee & Certified Copy _____ \$160.00 Filing Fee, Certificate of
Status & Certified Copy

Thank you for your prompt attention to this matter.

Sincerely,



**SCOTT M. CARROLL
352-250-8678**

FILED
14 SEP -2 PM 12:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME

The name of the Limited Liability Company is:

4 ELEMENTS LANDSCAPING, LLC.

ARTICLE II: ADDRESS

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

Principal Office Address:

Mailing Address:

**538 W. OSCEOLA STREET
CLERMONT, FL 34711**

**538 W. OSCEOLA STREET
CLERMONT, FL 34711**

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:

**SCOTT M. CARROLL
538 W. OSCEOLA STREET
CLERMONT, FL 34711**

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.



Registered Agent's Signature (Required)

(Continued)

Page 1 of 2

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SEP -2 PM 12:20
CLERMONT, FL
COUNTY CLERK

ARTICLE IV: Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

President – Manager

Scott M. Carroll
538 W. Osceola Street
Clermont, FL 34711

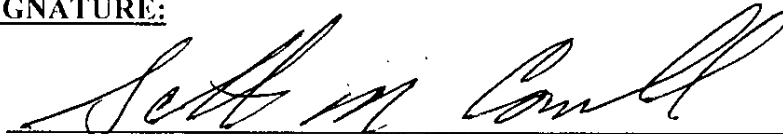
Vice President – Managing Member

Victoria E. Carroll
538 W. Osceola Street
Clermont, FL 34711

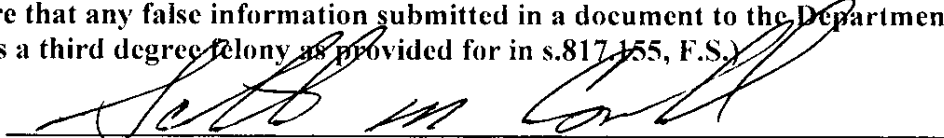
ARTICLE V: Effective date, if other than the date of filing: _____.
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions if any.

REQUIRED 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.)


SCOTT M. CARROLL

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)

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14 SEP -2 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA