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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
. jr	Office Use Onl	'v



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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: V&V Landscaping, LLC Name of Limited Liability Company	
The enc	closed Articles of Organization and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	Vilma Machado	
	Name of Person	
	Firm/Company	
	7807 Sheraton Circle	
	Address	
	Boynton Beach, FL 33436-0000 City/State and Zip Code	
<u> </u>	E-mail address: (to be used for future annual report notification)	
For furti	her information concerning this matter, please call:	
Vilma I	Name of Person at (<u>561</u>) <u>254-8084</u> Name of Person Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
\$ 125.00	Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed) Status Certified Copy (additional copy is enclosed) Status & Certified Copy (additional copy is enclosed)	d)

☑

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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 Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

r r	
V&V Landscaping, LLC (Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	val office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7807 Sheraton Circle Boynton Beach, FL 33436-0000	7807 Sheraton Circle Boynton Beach, FL 33436-0000
another business entity with an active Florida registrement of the	own Registered Agent. You must designate an individual or ration.)
<u>Vilma Machado</u> N	ame Sign of its
7807 Sheraton Circle Florida street address (P.O.	
Boynton Beach City	FL 33436-0000 Zip
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the	ot service of process for the above stated limited liability company at cept the appointment as registered agent and agree to act in this ions of all statutes relating to the proper and complete performance e obligations of my position as registered agent as provided for in Chapter 605, F.S

What Machada
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Vilma Machado
	7807 Sheraton Circle
	Boynton Beach, FL 33436-0000
(Use attachment if necessary)	
LE V: Effective date, if other than the date fective date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days af
LE V: Effective date, if other than the date	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days af
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LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	Machada mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the section of the secti	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.
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	Machada mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document

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)

ARTICLE IV-