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(Re	questor's Name)	
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(Do	cument Number	
Certified Copies	_ Certificate	s of Status
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10/27/14--01037--008 **160.00

EFFECTIVE DATE

PILED

SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of	s Section Corporations		
SUBJI	ECT: <u>Stewa</u>	rt Landscape and Design.		
		Name of Lir	nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	<u>Lanna Ja</u>	ane Stanley		
			Name of Person	
			Firm/Company	
			Timecompany	
	225 Lak	e Markham Road	Address	
			Audices	
	Sanford.	FL 32771	27. (6	
		C	City/State and Zip Code	
		E-mail address: (to be use	d for future annual report notifica	ition)
For fur	ther informatio	n concerning this matter, plea	ase call:	
Lanna	a Jane Stanley Nar	at (at (at (407) 617-5262 Area Code Daytime Te	lephone Number
Enclose	ed is a check fo	or the following amount:		
□ \$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Stewart Landscape and Design, LLC		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LI	_C.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
225 Lake Markham Road	P. O. Box 954164	
Sanford, FL 32771	Lake Mary, FL 32795-4164	
(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 regi	stration.)	755 22
Ţ.		• • • •
Marshall C. Stewart, III		
	Name	28 2 F
225 Lake Markham Roa	d	
Florida street address (P.C	D. Box NOT acceptable)	
Sanford	FL 32771	9140 1. 2
City	Zip	39 10A
Having been named as registered agent and to acc		

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

	<u>Title:</u> "AMBR" = Authorized "MGR" = Manager	Name and Address: Member	
	MGR	Marshall C. Stewart, III	
		225 Lake Markham Road	_
		Sanford, FL 32771	-
	AMBR	Lanna Jane Stanley	
		260 West 11th Street	
		Chuluota, FL 32766-9456	_
			_
			_
			_
	(Use attachment if neces	ssary)	_
ı eff	EV: Effective date, if o	ther than the date of filing: 10/22/2014 (OPTIONAL) date must be specific and cannot be more than five business days prior to or	 - 90 days at
n eff late	EV: Effective date, if o	ther than the date of filing: 10/22/2014 (OPTIONAL) date must be specific and cannot be more than five business days prior to or	- 90 days a
n eff late	JE V: Effective date, if of fective date is listed, the of filing.)	ther than the date of filing: 10/22/2014 (OPTIONAL) date must be specific and cannot be more than five business days prior to or	- 90 days a
n eff late	LE V: Effective date, if of fective date is listed, the of filing.) LE VI: Other provisions, in the provisions of the p	ther than the date of filing: 10/22/2014 (OPTIONAL) date must be specific and cannot be more than five business days prior to or	- 90 days a

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Marshall C. Stewart, III Warman Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2814 OCT 27 PN 12: 39
SECRETARY OF STATE PLORIDA