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SECRETARY OF STATE

J. Shivers DEC 1 9 2014



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pasco Maintenance and Landscaping, L
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edwin Borges Olivio
Name of Person
Pasco Maintenance and Landscaping LL
78/0 Chapel Avenue, Suite 1A
Port Richey FL 34668
edvin Dascomain tenance out look. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edwin Borges O Mo at 813 220 - 2753 Náme of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$155.00 Filing Fee & S160.00 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 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314
Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name:							
The name of	the Limited Liability	Company is:						
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Maintenance and Landsca (Must end with the words "Limited Liability Company, "L.L.C.," or "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:
7810 Chapel Avenue	7810 Chapel Avenue
Suite 1A	Suite 11A
Port Richey, +L 34668	Port Richen FL 34668

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:

7810 Chapel Avenue Suite 11

Florida street address (P.O. Box NOT acceptable)

Port Richeyfl, FL 34668

City Zip

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Title:	Name and Address:	
•	"AMBR" = Authorized Member "MGR" = Manager	P. 00 10	A C D
	Mon Manager MyGK	Edwin Borges, N	165
		7810 Chazel Avenu	e, Suite 1 A
	A -	Part Richery Fe 31	1668
	AmRP	Townso T	nue Suite 1A 34668
		Tennie Dammi	Site 1A
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	(Use attachment if necessary)		
ARTICI	LE V: Effective date, if other than the date of	filing: 12 18 14 (OPTIO	NAL)
		fic and cannot be more than five business days pr	
	of filing.)		·
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ARTICLE IV-