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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Abundant Gardens, LLC 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:	
Duane A. Piercey	
Abundant Gardens	_
Firm/Company	,
5807 Neal Drive	
Address	
Tampa FL 33617	
Tampa FL 33617  City/State and Zip Code  DL Piercey Verizon. Net  E-mail address: (to be used for fluture annual report notification)	
For further information concerning this matter, please call:	
Duane Piercey at (813) 985-3058  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigs\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status (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:	
Abundant (Must end with the words "Limited Liz	randens, LLC, or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offic	
Principal Office Address:  5807 Neal Dr. Tampa, FL 33617	Mailing Address: 5807 Neal Dr. Tampa, FL 33617
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration)	Registered Agent's Signature: gistered Agent. You must designate an individual or
The name and the Florida street address of the registered age to the property of the property	Piercey Dr.
capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obliga	e appointment as registered agent and agree to act in this
Registered Agent's Signature	3. 2
(CONTINUED Page 1 of 2	PHIZ: 00 SSECTIONID
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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Duna A Piercel
AMDK	. 5807 Nea) Dr.
	Tampa, FL 33617
AMBR	Lisa S. Piercey
	5807 Neal Dr. /
,	
<u> </u>	
E V: Effective date, if other than the certive date is listed, the date must be	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the ective date is listed, the date must be of filing.)	
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E V: Effective date, if other than the effective date is listed, the date must be of filing.)  E VI: Other provisions, if any.	
E V: Effective date, if other than the elective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 d
REQUIRED SIGNATURE:  Signature of a (In accordance with section	member or an authorized representative of a member.
E V: Effective date, if other than the effective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation to	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the efficiency date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  Identity as provided for in \$817.155. F.S.)
E V: Effective date, if other than the efficiency date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State clony as provided for in \$817.155, F.S.)
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ARTICLE IV-