## L15000118122

(Requestor	's Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business I	Entity Name)
(Document	Number)
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SECRETARY OF STATE

1-15-1511

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Subtrapical Native Trees LLC Name of Limited Liability Company	2
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mike Kirby Name of Person	
Firm/Company	<del></del>
3700 Sudbury Lanc	
BONITY Spring FL 3 4/3 City/State and Zip Code	4
Mike Kirby 07 (9 Mai). (0M) E-mail address! (to be used for future annual report notification)	
E-mail address! (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mike King at (239) 405-2049  Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
Certificate of Status	Filing Fee, te of Status & Copy copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Com	ppany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	mited Liability Company is:
Principal Office Address:	Mailing Address:
3700 Sudbury Lane Bunity String FL 34134	3700 Sudbuly Lune Benity Springs FL 34134
ARTICLE III - Registered Agent, Registered Office, & Registered	Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	gent. 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:	SEUT SEUT
another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Name	SEUT SEUT
another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    Mike   Kirl     Name     3700   Sud bur	SEUT SEUT
another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    Mike   Kirl     Name     3700   Sud bur     Florida street address (P.O. Box N	OT acceptable)
another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    Mike Kirl   Name       3700 Sud bur	MANE TARK OF ALLAHASSEE, OF ACCeptable)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Mike Kirby 3,700 Sudbudy Lane Bonity Springs F( 34134
EV: Effective date, if other than the date	of filing: (OPTIONAL)
EV: Effective date, if other than the date of ctive date is listed, the date must be sper filling.)  the date inserted in this block does not me.	of filing: (OPTIONAL)  cific and cannot be more than five business days prior to or 90 ceet the applicable statutory filing requirements, this date will not of State's records.
V: Effective date, if other than the date of tive date is listed, the date must be spe filing.) he date inserted in this block does not ment's effective date on the Department of	cific and cannot be more than five business days prior to or 90 of eet the applicable statutory filing requirements, this date will not
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ctive date is listed, the date must be spe filing.) he date inserted in this block does not ment's effective date on the Department of CVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a ment of the document is exceptite I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not of State's records.  The or an authorized representative of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.  Signature of a ment of this document is executed I am aware that any talse constitutes a third degree	eet the applicable statutory filing requirements, this date will not of State's records.  The or an authorized representative of a member.  Ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State

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