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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| LLC |

Office Use Only



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TALLAHASSEE FLORIGA

T. Sensi: JUL 13 2015

COVER LETTER

, Ma.

| TO: Registration Section Division of Corporations | | |
|---|---|---|
| SUBJECT: Walsingham Lawn and Palm Car Name of Lin | re LLC mited Liability Company | . |
| The enclosed Articles of Organization and fee(s) at Please return all correspondence concerning this m | _ | |
| Johnnie R. Walingham | Name of Person | |
| Walsingham Lawn and Palm Care | LLC Firm/Company | |
| 115 Escanaba Avw | Address | |
| Panama City Beach, FL 32413 | City/State and Zip Code | |
| flablossom555@yahoo.com E-mail address: (to be use | d for future annual report notifica | tion) |
| For further information concerning this matter, plea | ase cali: | |
| Johnnie R. Walingham at () Name of Person | | ephone Number |
| Enclosed is a check for the following amount: | | |
| ☑ \$125.00 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 | Street/Courier Adda Registration Section Division of Corporat | |

P.O. Box 6327 Tallahassee, FL 32314

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: | |
|--|---|
| Walsingham Lawn and Palm Care LLC (Must end with the words "Limited L | iability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal offi | ice of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 115 Escanaba Avw Panama City Beach, FL 32413 | 115 Escanaba Avw Panama City Beach, FL 32413 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. | egistered Agent. You must designate an individual or |
| The name and the Florida street address of the registered a | gent are: |
| Johnnie R. Walingham | ASS = |
| Name | |
| 115 Escanaba Avw Florida street address (P.O. Box M | NOT acceptable) |
| • | |
| Panama City Beach City | FL 32413 |
| Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligendant of the complete the com | ice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S. |
| (CONTINUE | D) |

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | |
| MGR | Johnnie R. Walingham |
| | 115 Escanaba Ave |
| | Panama City Beach, FL 32413 |
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| | F C53 |
| Use attachment if necessary) | |
| EV: Effective date, if other than the date of filin ctive date is listed, the date must be specific a | ig: (OPTION) |
| EV: Effective date, if other than the date of filin ctive date is listed, the date must be specific a filing.) | og:(OPTION ELT |
| ctive date is listed, the date must be specific a f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | g: (OPTION TO STATE OF 90 and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the date of filing of the date is listed, the date must be specific as filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203) | or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document |
| EV: Effective date, if other than the date of filing of the date is listed, the date must be specific as filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the date of filing.) | or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State |
| E.V: Effective date, if other than the date of filing crive date is listed, the date must be specific as filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the constitutes an affirmation under the large of the constitutes at third degree felony as property of the constitutes at third degree felony as property of the constitutes at the constitutes as the constitutes at the constitutes as the | or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State ovided for in s.817.155, F.S.) |
| CV: Effective date, if other than the date of filing of the date is listed, the date must be specific at filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the date of the d | or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State ovided for in s.817.155, F.S.) |

Page 2 of 2