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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRUTARY OF STATE
TAIL AHASSES FOR STATE

COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	Name of Li	mited Liability Company
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.
Please return	all correspondence concerning this m	atter to the following:
_	Joson	Lubecti Name of Person
_	Lucky's Lands	Prin/Company maintenance, LLC
_	12184 Wild Acr	rs Road Address
_	Largo, Fi	23773 City/State and Zip Code
_	Jason-Lubectib	City/State and Zip Code One of the Company of the
For further info	ormation concerning this matter, pleas	e call:
Ja		776.5063 Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filio	sig Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Lucky's Landscape & Lawn Maintenance, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

A	R	П	CI	LE	п	- /	Ad	d	res	s	:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
12184 WILL ACTS Rd.
Largo, Fl. 33713

12184 WILD ACKES Rd Largoith, 33713

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:

Name

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

wan D 2

State

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	10000 Liberti
MOK	12184 11110 ACTE 21
	Largo H 33173
: 	
(Use attachment if necessary)	
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