## L15000/6946

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	Sea of Green Lawns and Lan	dscape	
SUBJEC		ne of Limited Liabi	ity Company
The enclo	osed Articles of Organization and	fee(s) are submitted	for filing.
Please ret	urn all correspondence concernin	g this matter to the	following:
	Ryan Madden		
		Name of	Person
	Sea of Green Lawns and Land	scape	
		Firm/Co	ompany
	315 Orion Ct		
		Addı	ress
	Merritt Island FL 32953		
	capmad26@yahoo.com	City/State ar	d Zip Code
		be used for future	nnual report notification)
For further	information concerning this matte	er, please call:	
	Ryan Madden	904 at (	6992596
	Name of Person		Daytime Telephone Number
Enclosed	is a check for the following amou	ınt:	
\$125.00	Filing Fee \$130.00 Filing I Certificate of S	tatus LCertifi	20 Filing Fee & S160.00 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

2:04

ARTICLE I - Name: The name of the Limited Liability	y Company is:			FIL SECRETAR TALL AHASO	ED Y OF EE.
Sea of Green Lawns a				15 SEP 30	PH
(Must end v	vith the words "Limited	d Liability Compa	iny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Limit	ed Liability Company is:		
<u>Principa</u>	l Office Address:		Mailing Add	iress:	
315 Orion Ct		3	5 Orion Ct		
Merritt Island FL 329	53		erritt Island FL 32953		
another business entity with an a  The name and the Florida street a	_	·			
		Name			
	315 Orion Ct				
	Florida street addres	s (P.O. Box <u>NO</u> )	[acceptable)		
	Merritt Island	FL	32953		
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	l hereby accept the app ovisions of all statutes re	ointment as regist elating to the prop	ered agent and agree to ac oer and complete performan	t in this capacity. ace of my duties, a	I
	Regist	ered Agent's Sign	nature (REQUIRED)		

(CONTINUED)

Page 1 of 2

ADT	101	•	T % /
ART	16.1	ır.	I V -

The name and address of each person authorized to manage and control the Limited Liability Company:

	Title: "AMBR" = Authorized	Name and Address:	
	"MGR" = Manager MGR	Ryan Madden 315 Orion Ct	
		Merritt Island FL 32953	
	AMBR	Lauren Brill	
		Marritt Island El 22052	38.5
		Memu Island PL 32933	}}; }}π
			. S.
			MIS
			5 17
	(Use attachment if nece	ry)	
If an ei he date <u>Note:</u>	ffective date is listed, the e of filing.) If the date inserted in this	r than the date of filing:	,
RTIC	LE VI: Other provisions,	ny.	
			<u> </u>
	REOUIRED SIGNAT	E:	
		ature of a member or an authorized representative of a member.  ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	

Ryan Madden

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)