## L15000191045

. (Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Donta Bryant LA	ldsc Aping
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the follow	wing:
Donta Br	yant
Donta Bryant, LA	ndscaping
ZO43-10T3 STREET Address	South
ST. PETERS burg, FIA. 3 City/State and Zi	3705 p Code
dontabryanta yahoo. COM E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, please call:	
	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\frac{1}{2}\$	
	ect Address
	v Filing Section ision of Corporations
	ton Building  1 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Must end with the words "Limited Liability O	Scaping L.L.C.	13.1 13.2
ARTICLE II - Address: The mailing address and street address of the principal office of the	, ,	HASSEL FINANCE FINANCE
Principal Office Address:	Mailing Address:	
ST. PETERSburg, FlA. 33705	2043 - 10Th STREET ST. PETERSDURG, FIA. 3	-South

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:

**ARTICLE I - Name:** 

Name

Name

Z043 - 1073 STREET SOUTH

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

ST. PETERS BURG, FIA. 33705

City State Zip

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 (REOUIRED

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
MGR" = Manager	
MAR	Donta Bryant
	2043-10th STREET South
	ST. PETERS DURG. FIA. 33705
	<i>y</i> ,
	77 O
	<u>-</u> သည် ယ
	<del></del>
V: Effective date, if other than tive date is listed, the date mufiling.)  The date inserted in this block date inserted in this block date.	the date of filing: (OPTIONAL)  ust be specific and cannot be more than five business days prior to or 90  uses not meet the applicable statutory filing requirements, this date will no
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N: Effective date, if other than exive date is listed, the date multipling.) he date inserted in this block dent's effective date on the Department of the determinant of the determinan	cof a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

ARTICLE IV-