# LISCOACA?

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

Office Use Only



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DEC ' 9 2015

S. GILBERT

375 118th Ave SE Suite 118 Bellevue, WA 98005



info@TotalLegal.com www.TotalLegal.com

Thank you for your TotalLegal® purchase. Enclosed you will find Articles of Organization, which are used to form a new Limited Liability Company (LLC) in Florida. Please follow the step-by-step guidelines provided below.

### Step 1: Review

## Carefully review the enclosed Articles of Organization before signing.

If any errors or omissions are identified, log in to your TotalLegal account and make the necessary changes. After submitting the changes, a revised document will be sent to you.

# Step 2; Sign

Page 1: The Registered Agent must sign at the bottom of page.

Page 2: Each party listed must sign where indicated.

# Step 3: Payment and Filing Information

# if File and pay state filing fee.

Mail the original signed Articles of Organization and Cover Letter, along with filing fee check made payable to "Florida Department of State."

State Fee Total: \$125.00

Registration Section

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

Once the Florida Division of Corporations has processed your Articles of Organization, your approved documents will be returned to you for your records.

# Live Among the Wildflowers LLC 25 Spoonbill Way Key West, FL

# **INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of Live Among the Wildflowers LLC:

Carrie Rene Hall 25 Spoonbill Way Key West, FL 33040

### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: <u>Live Among the Wildflowers LL</u> Name of L	imited Liability Company
The en	aclosed Articles of Organization and fee(s)	are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	Totall_egal	Name of Person
		Name of reison
	TotalLegal	
		Firm/Company
	375 118th Ave SE, Ste 118	
		Address
	Bellevue, WA 98005	City/State and Zip Code
	20010101	(A. Co. ICIO) a G. O. O. C. I. (A. D.O.
	E-mail address: (to be us	ed for future annual report potification)
For for	uthan in Campatian as a samina this matter al	eans calls
ror iui	rther information concerning this matter, pl	ease can.
Totall	pagi at (	866 ) 815-6840
rotan	Name of Person	Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:	
<b>☑</b> \$125.0	00 Filing Fee \$\times 130.00 Filing Fee \$\times \text{Certificate of Status}\$	Certified Copy (additional copy is enclosed)  \$\int \frac{1}{3}\frac{1}{6}\to 0.00 \text{ Filing Fee,} \\ Certificate of Status & \\ Certified Copy \\ (additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section	Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Taliahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limitéd Liability Company is:	
Live Among the Wildflowers LLC	175 C
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC."),
ARTICLE II - Address: The mailing address and street address of the principal office	ability Company, "L.L.C.," or "LLC."), the ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	25 Spoonbill Way Key West, FL 33040
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
Russell Lemmon Name	
25 Spoonbill Way Florida street address (P.O. Box N	OT acceptable)
Florida sueet address (F.O. Box iv	OI acceptable)
Key West	FL 33040
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligion.	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

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(CONTINUED)

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Carrie Rene Hall
	25 Spoonbill Way
	Key West, FL 33040
Use attachment if necessary)	
ctive date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be spe f filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
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E VI: Other provisions, if any.  REQUIRED SIGNATURE:	Hall
CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer	Hall mber or an authorized representative of a member.
Filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 603)	Hall mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
Filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 605 constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true.
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	Hall mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
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REQUIRED SIGNATURE:  Signature of a men  (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  Carrie Rene Hall	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)  Typed or printed name of signee

ARTICLE IV-

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