116000051384

(Re	equestor's Name)	
(Ad	ldress)	,
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
(,	- ·· ,
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(De	ocument Number)	
(= -	, , , , , , , , , , , , , , , , , , , ,	
0-47-40-4-	0-4:5-4-	
Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	
		Ì
		ļ
1		

Office Use Only



000283392990

03/16/16--01001--009 **125.00

16 HAR 15 PH 2: 29

16 H年 15 基 8

MAR 1 6 2016 T SCHROEDER

CORPORAT	-	
INC.	236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666	
	WALK IN	
	PICK UP: 3-15-16	
CERTIFI	ED COPY	
У рнотос	ООРУ	
CUS		
FILING	LLC	
America	can tree & wreath, LLC	
(CORPORATE NA	(AME AND DOCUMENT #)	
(CORPORATE N.	AME AND DOCUMENT #)	
(CORPORATE N.	IAME AND DOCUMENT #)	
(CORPORATE N.	IAME AND DOCUMENT #)	
(CORPORATE N	IAME AND DOCUMENT #)	

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

1.

2.

3.

5.

6.

COVER LETTER

	egistration Section livision of Corporations		
SUBJECT	American Tree & Wreath, LLC		
SODUEC!		Limited Liabit	ity Company
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.
Please retu	rn all correspondence concerning this	matter to the f	ollowing:
	Linda Wainwright		
		Name of	Person
	Taft Stettinius & Hollister LLP		
		Firm/Co	mpany
	111 E. Wacker Drive, Suite 2800		
		Addre	ess
	Chicago, Illinois 60601		
	Lwainwright@taftlaw.com	City/State and	d Zip Code
		sed for future a	nnual report notification)
For further i	nformation concerning this matter, ple	ease call:	
	Linda Wainwright	312	836-4075
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 F	_	Certific	10 Filing Fee & \$160.00 Filing Fee, ed Copy 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

ARTICLE 1 - Name:

name of the Limited Liabil	lity Company is:		
American Tree & V	Vreath, LLC		
(Must end	with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
TICLE II - Address: mailing address and street	address of the principal of	fice of the Limited 1	Liability Company is:
<u>Princi</u>	pal Office Address:	•	Mailing Address:
4421 Annette Stree	t Unit 9	4421	Annette Street Unit 9
West Palm Beach, I	FL 33409	West	Palm Beach, FL 33409
FICLE III - Registered Age Limited Liability Compan	gent, Registered Office, é	& Registered Agent	
FICLE III - Registered A	gent, Registered Office, é y cannot serve as its own l active Florida registration	& Registered Agent Registered Agent. Y	t's Signature:
FICLE III - Registered Age Limited Liability Companither business entity with an	gent, Registered Office, é y cannot serve as its own l active Florida registration	& Registered Agent Registered Agent. Y	t's Signature:
FICLE III - Registered Age Limited Liability Companither business entity with an	gent, Registered Office, & ly cannot serve as its own l active Florida registration t address of the registered	& Registered Agent Registered Agent. Y	t's Signature:
FICLE III - Registered Age Limited Liability Companither business entity with an	gent, Registered Office, & ly cannot serve as its own l active Florida registration t address of the registered	& Registered Agent Registered Agent. Y 1.) agent are:	t's Signature:
FICLE III - Registered Age Limited Liability Companither business entity with an	gent, Registered Office, & sy cannot serve as its own lactive Florida registration taddress of the registered NRAI Services, Inc.	& Registered Agent. Y Registered Agent. Y 1.) agent are: Name	t's Signature: ou must designate an individual or
FICLE III - Registered Age Limited Liability Companither business entity with an	gent, Registered Office, & ly cannot serve as its own lactive Florida registration taddress of the registered NRAI Services, Inc.	& Registered Agent. Y Registered Agent. Y 1.) agent are: Name	t's Signature: ou must designate an individual or

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Edward H. Ruff	
	4421 Annette Street Unit 9	
	West Palm Beach, FL 33409	
MGR	Barry Hausauer	
WIGH	4421 Annette Street Unit 9	
	West Palm Beach, FL 33409	
(Use attachment if necessary)		
LE V: Effective date, if other than the Tective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90	da
LEV: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not	•
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not	
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not	•
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not	•
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records.	•
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records.	•
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e	not meet the applicable statutory filing requirements, this date will not ment of State's records. a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elam aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records.	
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is elam aware that any constitutes a third of the state of the sta	not meet the applicable statutory filing requirements, this date will not ment of State's records. The member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. Wright, Organizer	
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is elam aware that any constitutes a third of the state of the sta	not meet the applicable statutory filing requirements, this date will not ment of State's records. The amember of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. If also information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.	
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is elam aware that any constitutes a third of the state of the sta	not meet the applicable statutory filing requirements, this date will not ment of State's records. The amember of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. Wright, Organizer Typed or printed name of signee Filing Fees:	be