## L16000053067

(R	equestor's Name)	
		•
(A	ddress)	
	ddress)	
(^	duless)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Name	~1
(8	susiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
,		
Special Instructions to	Filing Officer:	

Office Use Only



900282744309

03/09/16--01021--005 \*\*160.00



## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: Rich View Landscaping and Services LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard Rodriguez Name of Person
Bich View Landscaping and services LLC. Firm/Company
701 S.E 2nd Street Address
Deerfield Beach PL 33441  City/State and Zip Code  Richuiew Gervices Organail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard NodrigoeT at (712) 208-4172  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \]  \$130.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed) \]  \$160.00 Filing Fee, \text{Certified to of Status & Certified Copy} \\ (additional copy is enclosed) \]
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

16 MAR -9 PM 12: 01

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:** 

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

Principal Office Address:			
701 S.E	and sto	-0+	
Deerfield	Beach	RL	33441

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:

761 S.E 2Nd Street
Florida street address (P.O. Box NOT acceptable)

Deerfield Beach PZ 334L

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  "MGR" = Manager	Name and Address:
Manager (MGR)	Richard fodriguez
AMBL	Alexandra Infante
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of	
(If an effective date is listed, the date must be spec the date of filing.)	cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as
(If an effective date is listed, the date must be specthe date of filing.)  Note: If the date inserted in this block does not me the document's effective date on the Department of	cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as
(If an effective date is listed, the date must be spective date of filing.)  Note: If the date inserted in this block does not me the document's effective date on the Department of ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men	eet the applicable statutory filing requirements, this date will not be listed as f State's records.
(If an effective date is listed, the date must be spective date of filing.)  Note: If the date inserted in this block does not me the document's effective date on the Department of ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men This document is execute I am aware that any false in the date must be specified.	eet the applicable statutory filing requirements, this date will not be listed as f State's records.
(If an effective date is listed, the date must be spective date of filing.)  Note: If the date inserted in this block does not me the document's effective date on the Department of ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men This document is execute I am aware that any false in the date must be specified.	eet the applicable statutory filing requirements, this date will not be listed as if State's records.  The state of a member of an authorized representative of a member. The din accordance with section 605.0203 (1) (b), Florida Statutes. The state of a member of an authorized representative of a member. The din accordance with section 605.0203 (1) (b), Florida Statutes.

ARTICLE IV-