Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000069500 3)))



H160000695003ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			

FLORIDA LIMITED LIABILITY CO.

ETT LANDSCAPING & L	AWN MAINTENAN	CE LL
Certificate of Status	1 1	SE SE
Certified Copy	0	L AL
Page Count	03	HAS
Estimated Charge	\$130.00	SER

Electronic Filing Menu Corporate Filing Menu

Help

H16000069500

ARTICLES OF ORGANIZATION FOR LORIDA LIMITED LIABILITY COMPA

	<u>I - Name:</u> of the Limited Liab	ility Company	 IS: (Must end wit	h the words "Limited I	Liability Company			
	Scarleft	landscapin	9 3 laws	· manter and	e LLC			
The mailing	II - Address: g address and stree s: 10365 54	146 th to	race	office of the Lim	nited Liability			
The name Company cont	III - Registered and the Florida str tot serve as its own Regi Florida registration)	eet address of stered Agent, You	the registere must designate a	d agent are: (Th n individual or and	ther business entity			
_	Joshua	toriano	Lewis	Scarlett				
_	Joshua 10365	SW	14644	terra	<u>ce</u>			
	Miami							
ARTICLE The name: Liability Co	and title of each pe	erson authoriz	ed to manage	and control th	e Limited			
÷.	Joshua	Toris	ano L	ewis s	<u>Scorlett</u>			
_	(AMBR)							
_					· ·			
٠.								
_								
_								
,								

H16000069500

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Tobua Scarlett
Typed or printed name of signee

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)