

L16000113609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

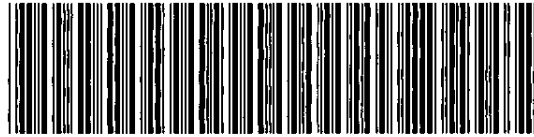
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALLAHASSEE, FLORIDA  
SUFFICIENCY OF FILING

JUN 15 2016  
T SCHROEDER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Evergreen Landscapes and Management, 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:

Jack E. Kiker, III

Name of Person

Williams Gautier Law Firm

Firm/Company

2010 Delta Boulevard

Address

Tallahassee, FL 32303

City/State and Zip Code

evergreenlandm@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack Kiker

850

386-3300

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
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 OF  
Evergreen Landscapes and Management, LLC**

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The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company (hereinafter referred to as the "Company") is:

"Evergreen Landscapes and Management, LLC"

**ARTICLE II — Addresses:**

The mailing address of the Company is follows:

4144 McLeod Drive  
Tallahassee, Florida 32303

The street address of the principal office of the Company is as follows:

4144 McLeod Drive  
Tallahassee, Florida 32303

**ARTICLE III — Management:**

The Company is to be managed by its members and is, therefore, a member-managed company.

**ARTICLE IV — Registered Agent:**

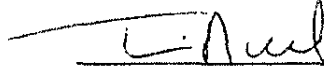
The name and the Florida street address of the initial registered agent are:

Tim Neel  
4144 McLeod Drive  
Tallahassee, Florida 32303

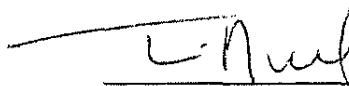
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee:     \$100.00 for Articles of Organization  
                     \$25.00 for Designation of Registered Agent

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, *Florida Statutes*.

  
\_\_\_\_\_  
Tim Neel

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of the Company, and acknowledge them to be my act this 8th day of June, 2016. 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 Section 817.115, *Florida Statutes*.

  
\_\_\_\_\_  
Tim Neel

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