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SECRETARY OF STATE
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T SCHROEDER

COVER LETTER

	vision of Corporations		
CHD IECT.	Fielder Tree Services, L.L.C.		
SUBJECT:		Limited Liability Company	
The enclose	ed Articles of Organization and fee(s) are submitted for filing.	
Please retur	n all correspondence concerning thi	s matter to the following:	
	Robert A. "Gus" Harper, III		
	 -	Name of Person	
	Harper Law Firm, P.A.		
		Firm/Company	
	1725 Capital Circle N.E. Suite 304		
		Address	
	Tallahassee, Florida 32308		
Q	gus@harperlawyer.com	City/State and Zip Code	
_		sed for future annual report notification)	
For further in	formation concerning this matter, p	ease call:	
(Gus Harper	850 523-0930	
-	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:		
\$125.00 Fil	ling Fee \$130.00 Filing Fee Certificate of Status		
	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

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_	IX I		41	1	٦4	HIC.

The name of the Limited Liability Company is:

Fielder Tree Services, L.L.C.

(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:

Mailing Address:

1670 Bannerman Road	1670 Bannerman Road	
Tallahassee, Florida 32312	Tallahassee, Florida 32312	

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:

Robert A. "Gus'	' Harper, III	

Name

1725 Capital Circle N.E. Suite 304

Florida street address (P.O. Box NOT acceptable)

Tallahassee	Florida	32308	
City	State	Zip	

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

SECRETARY OF STATE
VALUATIONS OF STATE

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
	"MGR" = Manager	1670 Bannerman Road		
	Adam Fielder - MGR	Tallahassee, Florida 32312		
				
	Jarrod Suber - MGR	3751 Forsythe Way		
		Tallahassee, Florida 32309		
				
	(Use attachment if necessary)			
. Tage	•	(OPTIONAL)		
KK I I If an	effective date is listed, the date must be speci	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after		
he da	ite of filing.)	• • • • • • • • • • • • • • • • • • • •		
	e If the date inserted in this block does not med to be coment's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as State's records.		
	•			
KIII	CLE VI: Other provisions, if any.			
	REQUIRED SIGNATURE	TM .		
	Artan			
		ber or an authorized representative of a member.		
		in accordance with section 605.0203 (1) (b), Florida Statutes.		

I am aware that any false information submitted in a document to the constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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