

# L16000133628

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200287670672

07/11/16--01009--022 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 11 AM 9:51

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** G & R TROPICAL LANDSCAPE, 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:

GLENN R. LUISI

Name of Person

GLENN R. LUISI ACCOUNTANT, P.A.

Firm/Company

14980 U.S. HIGHWAY 17 N, SUITE 205

Address

HAMPSTEAD, NC 28443

City/State and Zip Code

grluisi\_pa@bellsouth.net

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

For further information concerning this matter, please call:

GLENN R. LUISI                      704                      904-0760  
Name of Person                      at (                      )                      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 FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

G & R TROPICAL LANDSCAPE, LLC

(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:**

12743 80th LANE NORTH  
WEST PALM BEACH, FL 33412

**Mailing Address:**

12743 80th LANE NORTH  
WEST PALM BEACH, FL 33412

**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:

ROBERTO EGGENS

Name

12743 80th LANE NORTH

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

WEST PALM BEACH FL 33412


City

State

Zip

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
16 JUL 11 AM 9:51

*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)

