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SECRETARY OF STATE PALLAHASSEE FLORID



COVER LETTER

10.	Division of Corporations		
	L & H Landscaping Services		•
SUBJI	ECT: Name of L	imited Liabilit	y Company
The en	aclosed Articles of Organization and fee(s) a	ire submitted	for filing.
Please	return all correspondence concerning this n	natter to the fo	ollowing:
	Christopher James Lybrand		
		Name of I	Person Person
	L & H Landscaping Services		
		Firm/Con	npany
	307 Fir Ave		
		Addre	ss
	Niceville, FL 32578		
	chrislybrand2@yahoo.com	City/State and	Zip Code
	E-mail address: (to be use	d for future ar	unual report notification)
For furth	her information concerning this matter, plea	se call:	
	•	954	609-7118
		Area Code	Daytime Telephone Number
Enclos	ed is a check for the following amount:		
\$125.0	90 Filing Fee & Certificate of Status	Certifie	Spiling Fee & Spiling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327)] (Street Address New Filing Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	7	2661 Executive Center Circle

Tallahassee, FL 32301

ARTI	CIL	TV.
AKII	LLE	, I V -

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Christopher James Lybrand
	307 Fir Ave, Niceville, FL 32578
MGR	Joseph Richard Herrmann
	4556 Woodwind Dr, Destin, FL 32541
,	·
	,
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of	filing: (OPTIONAL)
(If an effective date is listed, the date must be speci the date of filing.)	fic and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not meet the document's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as State's records.
ARTICLE VI: Other provisions, if any.	
	<u> </u>
REQUIRED SIGNATURE:	
	be or an authorized representative of a member.

This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signe

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)

SECRETARY OF STATE

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
L & H Landscaping S	ervices LLC			
(Must end v	vith the words "Limite	d Liability Compa	nny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	office of the Limit	ed Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
307 Fir Ave, Niceville	e, FL 32578	3	307 Fir Ave, Niceville, FL 32578	
The name and the Florida street a	ctive Florida registrati	on.) d agent are:	t. You must designate an individual or	
	Christophor Junios I	Name		
	307 Fir Ave			
	Florida street address (P.O. Box NOT acceptable)			
	Nicevillw	FL	32578	
	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)

Page 1 of 2

(CONTINUED)

2016 SEP 14 PM 2: 23

<u>L & H Landscaping Services LLC</u> <u>Cover Letter</u>

To whom it my concern, below you will find the current address for L & H Landscaping Services LLC, as well as the name and contact information for each member of the LLC.

Business Address:

307 fir Ave, Niceville, FL 32578

Name of Authorized Member:

Christopher J Lybrand

Phone Number 954-609-7118

Name of Manager:

Joseph R Herrmann

Phone Number: 850-232-5261