L16000 18705/

(i	Requestor's Name)
(/	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(1)	Business Entity Name)
i)	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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V HERRING 0CT 1 0 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Matthew Munseys Tree Coure 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:
Matthew Munsey Name of Person
Matthews Tree Care Firm/Company
11826 Grazing Duck In
Tallaharee FL 32317 City/State and Zip Code
munsa matter (to be used for future annual report notification)
For further information concerning this matter, please call:
Matto Munsely at (BGO) 510-0785
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee

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:

16 OCT 10 PH 3:01

	Matthews 7	Tor Case	115	TALLA
(Must end	with the words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limi	ted Liability Company is:	
Princip	al Office Address:		Mailing Ad	dress:
Tallahas	Grang Buch	<u></u>	1826 Gazing Tallalaire FD	32017
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registratio	Registered Ager n.)		individual or
The name and the Florida street			1	
		Name varing Buc	insol	•
	1100/	Maine	2 ,	
	Florida street addres	s(P O Box NO	T acceptable)	
		`	32317	
	Tallahoussee City	State	Zip	
Having bush named as registered place designated in this certificate further agree to comply with the plant familiar with and accept the a	e, I hereby accept the app provisions of all statutes re bligations of my position	ointment as regis elating to the pro as registered age	tered agent and agree to a per and complete performs ent as provided for in Chap mature (REQUIRED)	ct in this capacity, 1 suce of my duties, and 1
		Dago Lof7		

<u>Title:</u> "AMBR" ≐ Authorized Member	Name and Address:
"MGR" = Manager	TALLAMASSON
716K	Matchew Munsy
	TO Talkhattee FL 32317
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<u> </u>	
of filing.) the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 of meet the applicable stability filing requirements, this date will not
EV: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not next's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of meet the applicable stability filing requirements, this date will not
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