L/7000251819

(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



100306534621

12/11/17--01001--001 **180.00

COVER LETTER

1.00

TO: New Filing Section Division of Corporations
SUBJECT: Gardner & Son's LAND SCAPING 460 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:
JASON GARONER Name of Person
8583 N. Meridian Rd
TALLAHASSEE, FLORIDA 32312 City/State and Zip Code
City/State and Zip Code Tegaroner 5681 @ amal. com E-mail address: (to be used for futuluannual report notification)
For further information concerning this matter, please call:
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 Street Address New Filing Section Division of Corporations

New Filing Section
Division of Corporations
P.O. Bux 6327
Tallahassee, FL 32314

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:					
<u>Cardn</u> (Must contai	er = 5 or	d Liability Company	SCAPNA LL MILLOLINGLICA	.C		
ARTICLE II - Address: The mailing address and street add	dress of the principa	l office of the Limite	d Liability Company is:			
<u>Principal</u>	l Office Address:		Mailing Add	ress:		
8583 N. M	eridian Ro	l	10			
TALLAHASTEE	Florion	32312	11			
				<u> </u>		
ARTICLE III - Registered Ager (The Limited Liability Company of	nt, Registered Offic	e, & Registered Ag	ent's Signature: - You must designate an it	ndividual or		
another business entity with an ac						
The name and the Florida street a	ddress of the registe	red agent are:		. 1	(2) (1)	
	JASON	GARDNER		4-7	7 13:	
	04386	Name			(m)	-"i
	8583 N	. Meridian	RI	<u> </u>	တ	
		ress (P.O. Box <u>NOT</u>	acceptable)	<u>14.</u> 1	.,	_
	TAIL.	FL.	32312		Ç.;3	
	City	State ,	Zip		4:	
Having been named as registered a	sent and to accent se	ervice of process for	the above stated limited lia	bility company at the		
place designated in this certificate,	I hereby accept the a	appointment as regist	ered agent and agree to ac	et in this capacity. T		
further agree to comply with the pro am familiar with and accept the obt	ovisions of all statute ligations of my positi	es relating to the prop Son as registered age	per and complete performa nt as provided for in Chapt	nce of my duties, and t er 605, F.S		
	Comment with the first	7				

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Fitle: 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
MGR	JASON GARONER ESE3 N. Meridian Rd Tall. FL. 32312
(Use attachment if necessary)	
E V: Effective date, if other than the date ective date is listed, the date must be sp	pecific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) The date inserted in this block does not ment's effective date on the Department	meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be sp	meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) (the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a management of the department is executed an aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not

ARTICLE IV-