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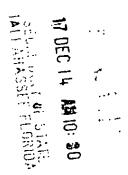
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COVER LETTER 🔣

	ew Filing Section (vision of Corporations
SUBJECT	All Florida Trees of Brevard, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	William Greek
	Name of Person
	All Florida Trees of Brevard, LLC
	Firm/Company
	4510 Flood St Or POBOX 54079.8
	Address
	COURSE F132927 MERRITT ISLAND PC 32954
	City/State and Zip Code
-	w.greek@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	William (REE at (321) 271- 4496 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

ARTICLE II - Address: The mailing address and	street address of the principal o	ffice of the Limited	Liability Company is:	
į	Principal Office Address:		Mailing Address:	
4510 Flood S	t	4510	Flood St	
Cocoa, Fl 329	127	Coco	oa, Fl 32927	
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, ompany cannot serve as its own rith an active Florida registration	Registered Agent. 'on.)	nt's Signature: You must designate an individua	A C 17
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

'AMBR" = Authorized Member	
"MGR" = Manager	W.W. C. J
Manager	William Greek 4510 Flood St
	Cocoa, Fl 32927
Use attachment if necessary)	
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